

**AN ASSESSMENT OF HEALTH CARE SAFETY NET SERVICES  
IN SEVEN METROPOLITAN ATLANTA COUNTIES**

**PREPARED FOR  
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.  
AND  
THE COMMUNITY FOUNDATION FOR GREATER ATLANTA**

**BY  
THE GEORGIA HEALTH POLICY CENTER  
GLENN M. LANDERS, MBA, MHA  
BERNETTE SHERMAN, MPA  
MEI ZHOU, MS, MA**

**JUNE 2007**



# TABLE OF CONTENTS

Introduction	4
What is the Health Care Safety Net?	5
Methods	8
Overview of the Seven-County Area	11
Clayton County	21
Cobb County	29
DeKalb County	39
Forsyth County	49
Fulton County	55
Gwinnett County	69
Henry County	79
Discussion	86
Appendix A – Indigent and Charity Care	
Appendix B – County Statistics	
Appendix C	
Providers Surveyed or Interviewed	
Providers Identified but Not Surveyed or Interviewed	
Appendix D – Federally Qualified Community Health Centers Payer Sources	
Appendix E – Additional Specialist Safety Net Providers	
Appendix F - Survey Instrument	
Appendix G - Data Sources and References	



# **INTRODUCTION**

## **KAISER FOUNDATION HEALTH PLAN OF GEORGIA’S REQUEST**

Kaiser Foundation Health Plan of Georgia, Inc. seeks to better understand the stability of health care safety net infrastructure and capacity within seven metropolitan Atlanta counties in which they have a physical presence. To facilitate an assessment of the safety net, Kaiser Foundation Health Plan of Georgia, Inc. contracted with the Community Foundation for Greater Atlanta, who then tapped the Georgia Health Policy Center at Georgia State University to conduct the assessment. The seven counties, Clayton, Cobb, DeKalb, Forsyth, Fulton, Gwinnett, and Henry are part of Kaiser’s service area in Georgia.

## **THE HEALTH CARE SAFETY NET ASSESSMENT**

The Georgia Health Policy Center conducted both a qualitative and quantitative assessment of 35 primary care organizations that target their health care services to uninsured and underinsured populations. The primary scope of this assessment is an inventory of safety net providers in the target counties and the scope and volume of services they provide.

Organizations included in the assessment are Federally Qualified Health Centers (FQHC), hospital-based clinics, private clinics (including faith-based clinics), and public health agencies. In addition, data on mental health agencies and providers was collected.

## WHAT IS THE HEALTH CARE SAFETY NET?

Although there is no universally accepted definition of the health care safety net, a March 2000 Institute of Medicine report, *America's Safety Net: Intact but Endangered*<sup>1</sup> defines the health care safety net as "Those providers that organize and deliver a significant level of health care and other related services to the uninsured, Medicaid, and other vulnerable patients." The report further defines core safety net providers as being those that:

- "Either by legal mandate or explicitly adopted mission . . . maintain an open door, offering access to services for patients regardless of their ability to pay.
- Have a patient mix consisting of high uninsured, Medicaid, or other vulnerable patients.
- Have a narrow patient base (primarily Medicaid and uninsured).
- Have little or no ability to cost-shift.
- Provide enabling services, such as transportation and translation. "

The report also identifies issues in understanding the health care safety net:

- "The financial viability of core safety net providers is even more at risk today than in the past because of the combined effects of three major dynamics:
  1. The rising number of uninsured individuals.
  2. The full impact of mandated Medicaid managed care and a more competitive health care marketplace.
  3. The erosion and uncertainty of major direct and indirect subsidies that have helped support safety net functions.

The report's citation of financial dynamics is reflective of the reality Georgia faces today. Between 2000 and 2004, the proportion of non-elderly Georgia residents without health insurance coverage increased two percentage points – from 17 percent to 19 percent, for a total of approximately 1.5 million Georgians<sup>2</sup>. Between 2002 and 2004, Georgia firms offering health insurance benefits to full-time workers decreased from 60 percent to 57 percent<sup>3</sup>. When declines in offer rates are combined with declines in eligibility and take-up rates, approximately 300,000 fewer Georgia workers had employer-sponsored insurance in their own names in 2004 than in 2002.

June 2006 began the first phase of fully capitated Medicaid managed care across Georgia for approximately 1.2 million Medicaid clients. While some evidence points to improvements in access upon the introduction of managed care techniques within a Medicaid system, such a whole scale change will most likely include temporary disruptions in continuity of care.

In 2005, at the direction of the Centers for Medicare and Medicaid Services (CMS), Georgia altered its Indigent Care Trust Fund (ICTF) program effective with fiscal year 2006. The ICTF is the program that distributes federal Disproportionate Share Hospital (DSH) dollars to hospitals that serve a disproportionate share of uninsured residents and Medicaid clients. Previously, Georgia required hospitals to spend at least 15 percent of their gross ICTF distribution on community-based primary care services. Past beneficiaries included public health clinics, primary care clinics, and prescription drug programs, among others. As of fiscal year 2006, Georgia no longer requires hospitals to maintain this effort, leaving many safety net providers without a major source of operational funding.

Finally, as the preparation of this report drew to a close, the dire financial condition of Grady Memorial Hospital in downtown Atlanta became headline news. It is reported that Grady Hospital needs immediate financial assistance, or it will face bankruptcy by the end of 2007. The Greater Grady Task Force, led by leadership from the Metro Atlanta Chamber of Commerce, took on Grady to understand how business might contribute to a viable solution. The Task Force released its findings in June 2007. paramount to any other action, the task Force suggests Grady restructure its Board and transform its governance to a non-profit corporation. Should Grady Memorial Hospital close, its ten primary care centers, providing approximately 55 percent of the primary care safety net visits in Fulton and DeKalb Counties would also close, leaving thousands in metro Atlanta without access to primary care.

## **A WORKING DEFINITION**

Other definitions of the health care safety net exist. Dr. George Rust of the National Center for Primary Care in a 2003 state-wide evaluation of Georgia's health care safety net<sup>4</sup> insisted, "To be counted as part of the primary health care safety net, a health center or health care professional must provide the full range of services typically provided in a family physician's office, i.e., providing health care for 85 – 90 percent of the health care needs of patients from all age groups. Not only must the services be available, but they must also be affordable, accessible, and culturally and personally acceptable. They must also be comprehensive (as opposed to categorical public health services, such as immunization clinics or prenatal care)."

For purposes of evaluation, once a working definition of the health care safety net is determined, one must decide which providers to include in an analysis of safety net



capacity. Blewett and Beebe<sup>5</sup> state that the core providers of health care safety net services include public hospitals, community health and migrant health centers or clinics, and local health departments. Additional safety net providers might include teaching hospitals, rural health clinics, school-based health centers, Veterans and Indian Health Service facilities, and family planning clinics. Lastly, many independent clinics and hospitals provide services to people regardless of ability to pay. Also included in the definition of hospital-based safety net services is care rendered in emergency departments.

For the purposes of this evaluation and to be as comprehensive as possible with the available data, we include the following as safety net providers within the seven-county target area:

- Public hospitals that participate in Georgia's Indigent Care Trust Fund
- Hospital-based clinics (HBC)
- Federally Qualified Health Centers (FQHC)
- Primary Care Clinics (PC), including faith-based clinics
- County health departments (PH)
- Community Service Boards and affiliated mental health providers (MH)
- Providers of obstetrics and gynecologic services (OB)

The evaluation does not encompass free care provided by independent physicians and physician groups, as reliable data are not readily available. Every effort was made to be as comprehensive as possible; however, as the evaluation proceeded, it became clear that some safety net providers choose not to participate in publicly funded programs or to be counted in a rigorous way. In these instances, we have identified the providers but cannot provide corresponding data.

## METHODS

In determining a method for evaluating the seven-county region's health care safety net, several sources were consulted. The Agency for Healthcare Research and Quality served as a reliable source<sup>6,7</sup> for suggestions of the individual data elements that might be collected and where they might be located.

Provider capacity estimates follow Dr. George Rust's methodology put forward in his 2003 report on Georgia's statewide health care safety net (Rust, 2003). Dr. Rust cites 2001 statistics by the Health Resources and Services Administration's Bureau of Primary Health Care that show average productivity for Georgia community health center physicians and mid-level providers at 4,090 visits per provider per year. He also posits that, based on managed care norms, the average (insured) individual might require 1.5 to 3.0 primary care visits per year. We use the mid-point between these numbers to calculate, where possible, supply and demand estimates for each county in the seven-county region.

The evaluation framework is adopted from Davidson, et al (Figure 1).<sup>8</sup> Davidson holds that there are three domains that must be considered when evaluating the effects of safety net and other community-related factors on access and outcomes:

- *Individual Characteristics* are the well established predictors of access and include demographic factors, social factors, beliefs, income, health insurance status, and whether or not an individual has a usual source of care;
- *Community-level Variables* capture the characteristics of safety net populations, the structure of the health care market and safety net services within a geographic region, and public support for providing services to low-income populations. These variables include percent of population uninsured, size of the Medicaid population, other vulnerable populations, government support of the safety net, Medicaid eligibility and payment levels, and physician supply;
- *Health Care Access and Outcomes* measure potential and realized entry into the health care system and the results of access in terms of effective and efficient medical care delivery. These include usual source of care, access to physicians as evidenced by claims data, preventable hospitalizations, low birth weight, and other outcome indicators.

**Figure 1: Selected Health Care Safety Net Data Elements Mapped to Davidson's Domains for Safety Net Evaluation**

<i>Individual Characteristics</i>	<i>Community-level Variables</i>	<i>Health Care Access and Outcomes</i>
Total Population	Percent Uninsured	Percent Low Birth Weight
Percent Population Age 0 - 17	Percent Population Below 100% Federal Poverty Level	Percent No or Late Prenatal Care
Percent Population Age 65+	Percent Population Below 200% Federal Poverty Level	Percent Preterm Births
Percent Population by Race/Ethnicity	Percent Population Covered by Medicaid	Hospital Admissions for Ambulatory Care Sensitive Conditions 0-17
Percent Foreign Born	Pediatrician Supply	Hospital Admissions for Ambulatory Care Sensitive Conditions Age 18-39
Percent Disabled	Primary Care Physician Supply	Hospital Admissions for Ambulatory Care Sensitive Conditions Age 40-64
High School or Higher	OB/GYN Supply	Emergency Department Visits by Uninsured Individuals
Bachelor's Degree or Higher	DSH funds by Hospital	Percent Medicaid Discharges
	Number of Federally Qualified Health Centers	Percent Uninsured Discharges

## LIMITATIONS

This analysis has inherent limitations that should be considered when using the information to support decision making. First, most provider data are self-reported. In some instances, self-reported data are corroborated with independent sources. The data reported, therefore, is dependent on the data collection systems in place at each provider site.

Second, estimates of the uninsured are based on the Census Bureau's March Current Population Survey (CPS – 21%). CPS estimates are produced annually and are projected forward from the last decennial Census. They represent a point in time estimate.

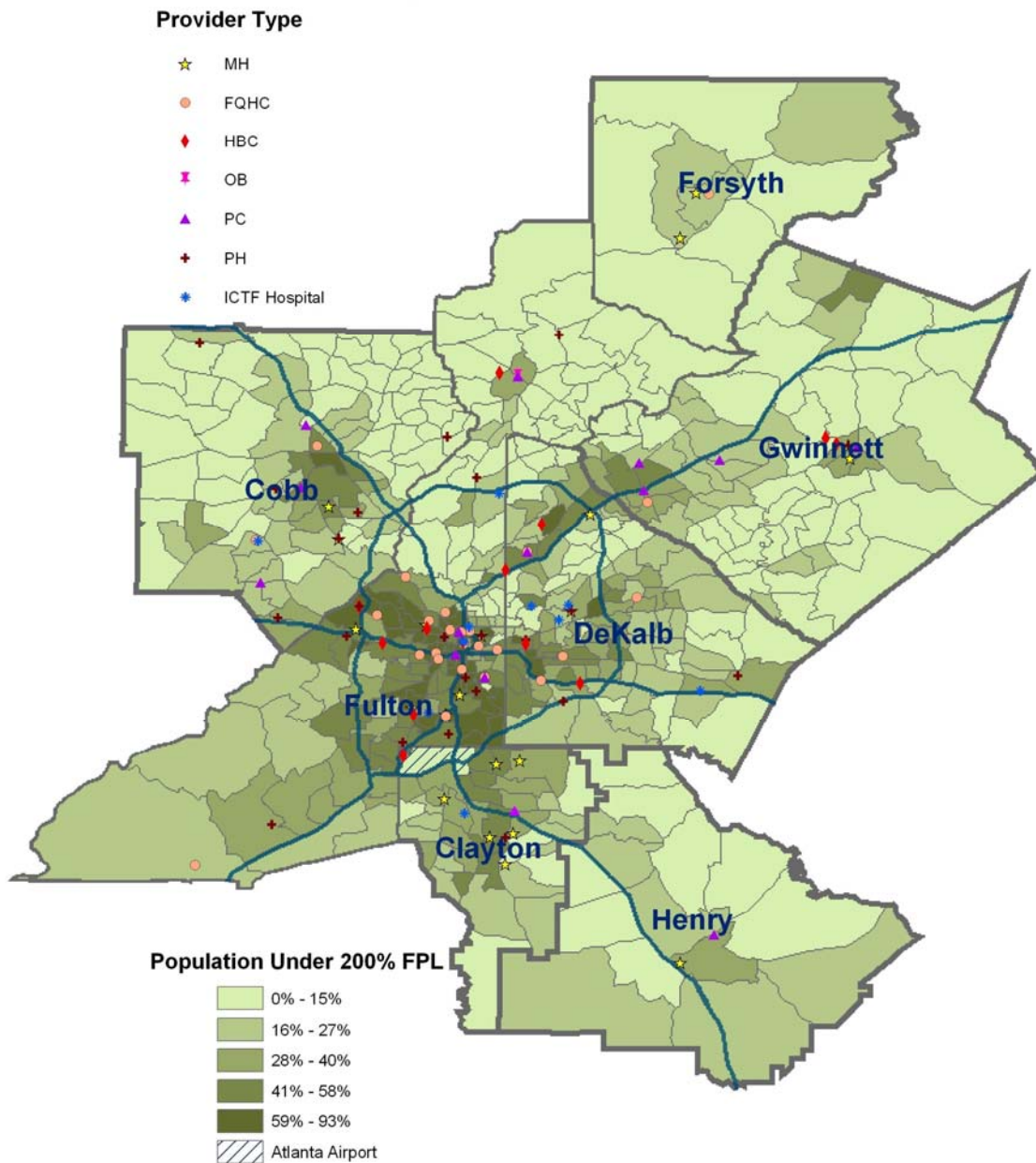
Finally, productivity estimates are based on 2001 Bureau of Primary Care average productivity levels of physicians and mid-level providers in Georgia community health centers (4,090 visits per provider per year). The estimates do not account for patient

acuity levels or inefficiencies in the clinic's physical environment, both affecting overall productivity.



# OVERVIEW OF THE SEVEN-COUNTY REGION

## Kaiser Permanente Service Area Safety Net Providers





## OVERVIEW OF THE SEVEN-COUNTY REGION

### INDIVIDUAL CHARACTERISTICS

The seven counties that make up the study area contain some of the most populous and fastest growing counties in Georgia. Together, they account for almost 40 percent of the state's total population. According to the Census Bureau's 2005 American Community Survey, five of the seven are also the five counties with the highest populations in Georgia. These seven counties tend to be more diverse than other counties, with higher percentages of non-whites than the rest of Georgia. A large portion of residents speak a language other than English when at home. The seven-county area is also better educated than the remainder of the state, with many counties exceeding 30 percent of adults with a Bachelor's degree.

*Figure 2: Overview of the Seven-County Area – Individual Characteristics*

	Clayton	Cobb	DeKalb	Forsyth	Fulton	Gwinnett	Henry
<b>Individual Characteristics<sup>9</sup></b>							
Total Population	264,231	653,715	662,973	139,501	884,079	719,398	166,871
Percent Population Age 0 - 17	30%	26%	25%	27%	26%	28%	28%
Percent Population Age 65+	6%	8%	8%	7%	7%	6%	6%
Percent Population African-American	62%	22%	55%	2%	42%	19%	27%
Percent Population Hispanic	11%	11%	9%	8%	8%	16%	4%
Percent Foreign Born	14%	16%	16%	10%	12%	24%	5%
Percent Language other than English Spoken at Home	17%	18%	17%	12%	15%	29%	N/A
Percent Disabled	13%	9%	11%	8%	10%	7%	12%
High School or Higher	84%	90%	88%	90%	88%	87%	90%
Bachelor's Degree or Higher	18%	45%	38%	44%	47%	34%	23%



## COMMUNITY LEVEL VARIABLES

Because the seven-county area is dominated by large employers that offer health insurance benefits, most counties tend to have uninsured rates that are below the state average of 21 percent. However, because the seven counties also represent a large portion of the state's population, they contain a disproportionate number of uninsured residents relative to the rest of Georgia.

The incomes of study county households are mixed within the seven-county area, with some counties having fairly low median household incomes and others fairly high. Poverty levels range from six to 14 percent, while rates of near poor (100 – 200 percent of poverty) range from 13 percent in Forsyth County to 38 percent in Clayton County. No county has more than two percent of households receiving cash public assistance benefits, but households receiving food stamp benefits range are as high as nine percent in Fulton and Clayton Counties.

Clayton and Forsyth Counties have the lowest rate of pediatrician supply. Clayton County has the lowest rate of family practice physician supply, and Forsyth County has the lowest rate of OB/GYN supply. DeKalb and Fulton counties contain the most Federally Qualified Health Centers, but branches are located in Cobb and Gwinnett counties, and Forsyth County has its own FQHC.

*Figure 3: Overview of the Seven-County Area – Community-level Variables*

	Clayton	Cobb	DeKalb	Forsyth	Fulton	Gwinnett	Henry
<b>Community-level Variables</b>							
Percent Uninsured <sup>10</sup>	21%	19%	21%	12%	18%	17%	11%
Median Household Income <sup>11</sup>	\$39,511	\$52,936	\$44,965	\$75,679	\$45,819	\$56,395	\$62,437
Percent Population Below 100% Federal Poverty Level <sup>12</sup>	14%	8%	16%	6%	15%	7%	6%
Percent Population Below 200% Federal Poverty Level <sup>13</sup>	38%	21%	33%	13%	30%	23%	21%
Households with Cash Public Assistance Benefits <sup>14</sup>	2%	<1%	1%	<1%	2%	<1%	1%
Households with Food Stamp Benefits <sup>15</sup>	9%	3%	6%	4%	9%	3%	5%
Percent Population with Medicaid Claims <sup>16</sup>	21%	10%	16%	5%	17%	11%	11%
Pediatrician Supply per 100,000 Population <sup>17</sup>	13	18	33	13	40	18	14
Family Practice Physician Supply per 100,000 Population	14	17	23	21	27	19	22
OB/GYN Supply per 100,000 Women	8	12	13	2	34	9	9
Number of Federally Qualified Health Centers	0	2	3	1	4	1	0

## HEALTH CARE ACCESS AND OUTCOMES

Low birth weight, evidence of prenatal care, and presence of preterm labor are all indicators of the degree to which prenatal care is accessible and affordable and whether or not the county has high rates of teen pregnancies. Fulton, Clayton, and DeKalb counties have the highest rates of low birth weight. Clayton County has the highest rate of late prenatal care. Fulton County has the highest rate of preterm births.

Ambulatory Care Sensitive Conditions (ACSC) are conditions that may be typically treated in a primary care setting. Hospital admissions for ACSC may indicate a lack of accessible primary care. Fulton County has the highest rate of ACSC.

Emergency department visits and hospital discharges by uninsured individuals may also indicate the absence of routine primary care. Fulton and Clayton Counties have the highest percentages of emergency department visits by uninsured individuals –27 percent of all emergency visits in those counties are by those without health insurance. Forsyth County has the high percentage of hospital discharges by uninsured individuals.

*Figure 4: Overview of the Seven-County Area – Health Care Access and Outcomes*

	Clayton	Cobb	DeKalb	Forsyth	Fulton	Gwinnett	Henry
<b>Health Care Access and Outcomes</b>							
Percent Low Birth Weight <sup>18</sup>	11%	8%	11%	7%	11%	8%	9%
Percent <5 Prenatal Care Visits	9%	3%	6%	2%	7%	5%	6%
Percent Preterm Births	13%	12%	14%	11%	15%	11%	14%
Percent of Hospital Admissions for Ambulatory Care Sensitive Conditions (ACSC) <sup>19</sup>	17%	15%	18%	15%	19%	14%	17%
Percent Emergency Department Visits by Uninsured Individuals <sup>20</sup>	27%	19%	10%	23%	27%	23%	0.2%
Percent Uninsured Discharges <sup>21</sup>	6%	7%	2%	9%	6%	4%	0.1%

## **MUAs, MUPs, AND HPSAs IN THE REGION**

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are designated by the Health Resources and Services Administration (HRSA). Areas or populations designated as MUAs or MUPs are eligible for federal funding preferences both for direct services through authorized providers and for preferences in provider loan repayments and visa waivers. Medically Underserved Areas may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations may include groups of persons who face economic, cultural or linguistic barriers to health care.<sup>22</sup> The criteria for these designations are required to include indicators of health status, ability to pay for and access to health services, and availability of health professionals<sup>23</sup>. As of March 2007, areas designated as MUAs or MUPs in the seven-county region include<sup>24</sup>:

Clayton County: No MUA or MUP.

Cobb County: No MUA or MUP.

DeKalb County: Partial County - South Decatur/Candler/McAfee.  
Partial County - Low Income/Stone Mountain/Clarkston.

Forsyth County: Whole County - Forsyth County.

Fulton County: Partial County – Three service areas.

Gwinnett County: Partial County – Requested by the Governor.

Henry County: Whole County – Henry County

Health Professional Shortage Areas (HPSAs) are areas designated by HRSA as having shortages of primary medical care, dental, or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Designated HPSAs are eligible for federal funding preferences. Approximately 20 percent of the U.S. population resides in primary medical care HPSAs. As of March 2007, areas designated as HPSAs in the seven-county region included<sup>25</sup>:

Clayton County: No HPSAs.

Cobb County: Two HPSA designations for Community Health Centers.

DeKalb County: Ten HPSA designations for Community Health Centers.

Forsyth County: Five HPSA designations: three for Community Health Centers, one Single County, and one Geographic Area.

Fulton County: Fifty-two HPSA designations: Ten designations for Community Health Centers, four for Correctional Institutions, one for other facility, 36 for population groups, and one look-a-like designation.

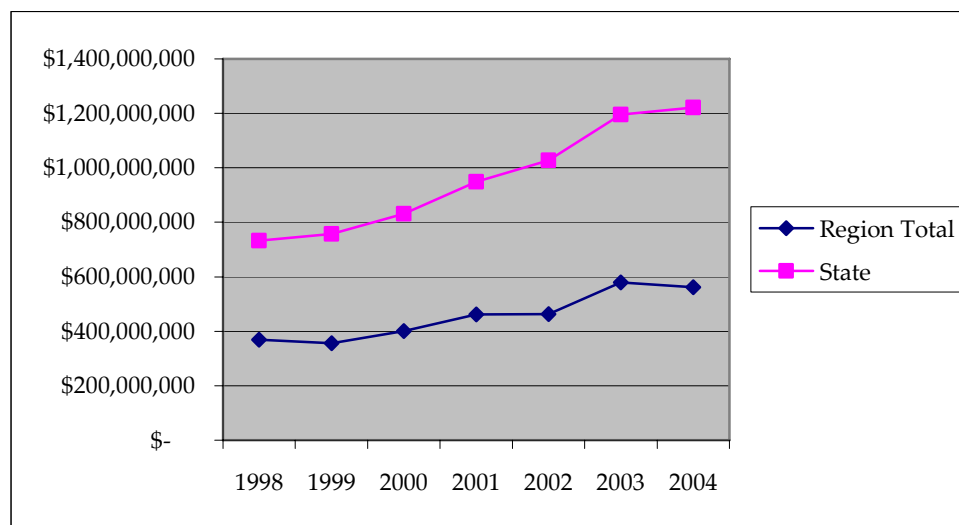
Gwinnett County: One HPSA designation for Correctional Institution.

Henry County: Two HPSA designations: one for Geographic Area (McIntosh Trail) and one for Single County

## INDIGENT AND CHARITY CARE

Each year, Georgia hospitals are required to report all indigent and charity care provided to individuals who cannot afford the full cost of their hospital care and who are without insurance. Charity care, for the purposes of state reporting, is defined as care provided to those with incomes up to 125 percent of the Federal Poverty Level (FPL), and indigent care is defined as care provided to those with incomes between 125 percent and 200 percent FPL. Indigent and charity costs are calculated by the state at a fixed cost-to-charge ratio of 65 percent. Indigent and charity care expenses for hospitals in the seven county region for 1998 through 2004 are shown in Figure 5 (see Appendix A for detail) and indicate that they have kept pace, overall, with the growth of indigent and charity care provided statewide.

*Figure 5: Hospital Indigent and Charity Care, 1998 - 2004*



Source: Georgia Department of Community Health

## INDIGENT CARE TRUST FUND

Georgia's Indigent Care Trust Fund (ICTF) is the mechanism by which federal disproportionate share hospital dollars are distributed to hospitals that contribute a disproportionate share of care to Medicaid and medically indigent patients. Indigent Care Trust Fund payments increased for most participating hospitals from 2001 to 2005 (Appendix A), with the notable exceptions of Grady Memorial Hospital and Hughes Spalding Children's Hospital in Fulton County and Southern Regional Medical Center in Clayton County. Southwest Hospital and Medical Center in Fulton County closed in 2005. No hospitals in Forsyth, Gwinnett, or Henry Counties participate in the ICTF. As mentioned previously, proposed changes mandated by the Centers for Medicare and Medicaid Services may put future ICTF funding at risk for five of the region's hospitals.

## **SIMILARITIES ACROSS PROVIDERS**

Each provider for which data was collected is different. However, practices and themes are fairly consistent across providers. For example, providers that operate on a sliding fee scale generally follow the guidelines prescribed by the federal government. Patients accessing services on a sliding fee scale need proof of income, and most Federally Qualified Health Centers have a minimum fee associated with services, even for sliding scale patients. Most providers state that they try not to turn anyone away, even if the individual is not able to pay the required minimum.

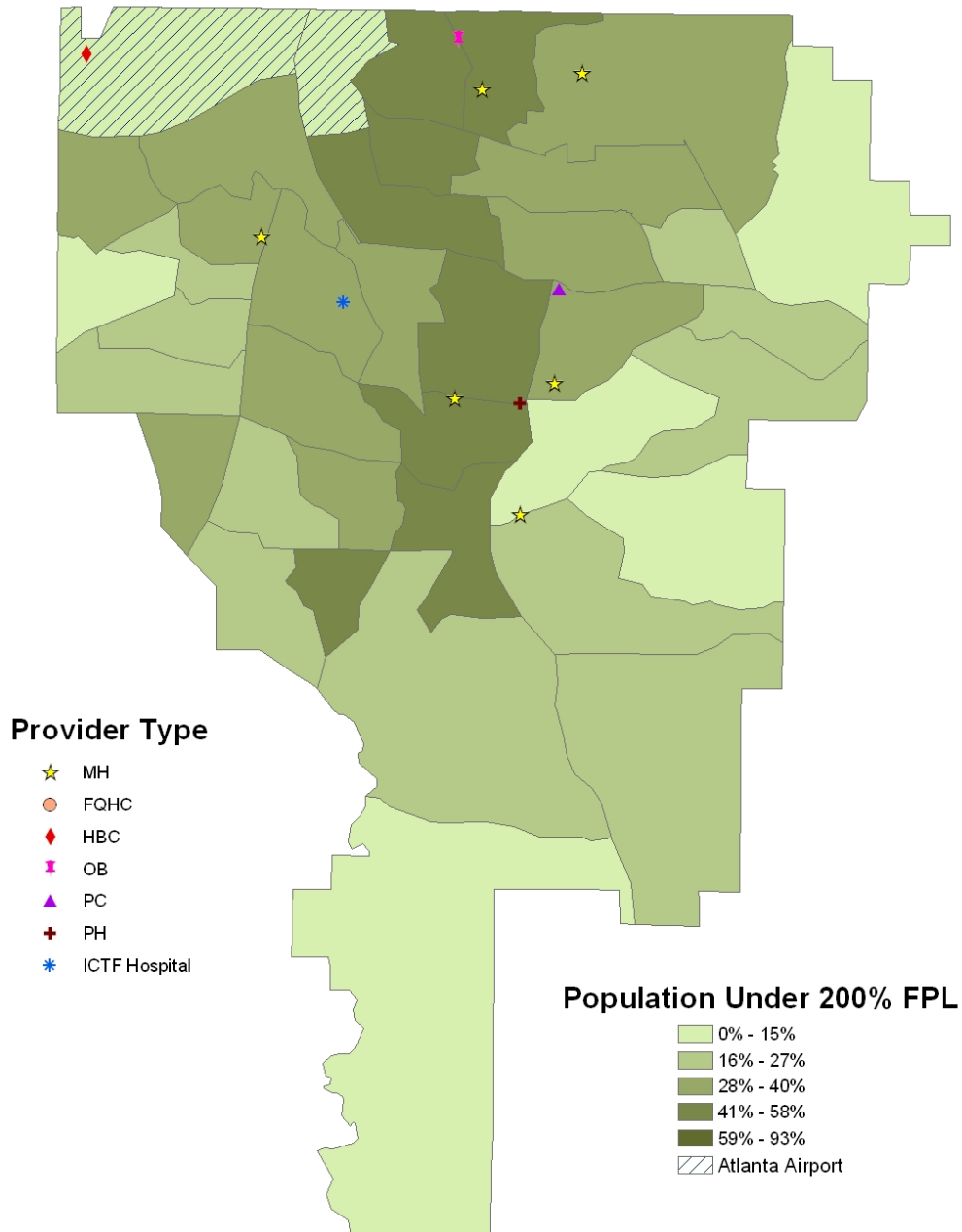
Consistent themes reported across providers include the need for operational funding. Many providers report “grant fatigue”, in that they say most grant makers are interested in supporting new efforts, yet safety net providers are reluctant to launch new services for the uninsured without knowing where future funding might come from. Operational pressures are also exacerbated by the rising number of individuals seeking services, the greater numbers of non-English speaking clients, and unstable funding streams.

Providers also point to the lack of coordination across safety net providers. Some providers speak to the fact that coordination of services was attempted in the past but that it had not been successful. Some providers like the idea of a more integrated network of safety net providers that can refer patients back and forth for services they might not be able to provide within their own centers, but other providers believe that referrals of patients across providers might actually result in their own uninsured patient rosters swelling beyond that which they can support.

Finally, many providers point to the lack of specialist referrals to complete the continuum of care, while others seem particularly adept at arranging specialist relationships within their communities. Most providers, but particularly those in counties without public transportation, highlight the importance of reliable transportation as an integral support service to the continuum of care.



# Clayton County Safety Net Providers







## INTRODUCTION

Clayton County has a population of more than 264,000 residents, and about 21 percent is estimated to be uninsured. The county is 62 percent African-American and 11 percent Hispanic. Fourteen percent is foreign born, and 17 percent speaks a language other than English at home. Thirty-eight percent of Clayton's residents live at or below 200 percent of the Federal Poverty Level, and 84 percent has a high school degree or more.

## SERVICES

Clayton County's health care safety net is limited to three medical providers<sup>1</sup> and two mental health providers. The one primary care provider, the Good Shepherd Clinic, is an independent clinic operating six hours per week. In addition to primary care, they offer women's care, pediatric care, and access to a cardiologist and ankle and foot specialist. Clayton County Board of Health provides services to women and children and refers patients to specialists when necessary; however, primary care is not provided. The Board of Health also provides some services related to dental and eye care. Clínica de la Mama provides obstetrics and gynecological services to Latina women. The Road to Recovery and the Clayton County Community Service Board<sup>2</sup> (5 locations) are providers of counseling services for mental health.

*Figure 6: Clayton County Services*

	Clayton County Board of Health	Good Shepherd Clinic	Road to Recovery	Clínica de la Mama
<b>Provider Type</b>	PH	PC	MH	OB
<b>Primary Care</b>	N	Y	N	N
<b>Women's Care</b>	Y	Y	N	Y
<b>Pediatric Care</b>	Y	Y	N	N
<b>Vision</b>	Y	N	N	N
<b>Dental</b>	Y	N	N	N
<b>Mental Health / Substance Abuse</b>	N/N	N/N	N/Y	N/N
<b>Specialist</b>	Contracts w/infectious disease physicians, colposcopy clinic; running list of which MD will take which program.	Cardiologist, ankle and foot specialist	N	N/A

<sup>1</sup> Grady Neighborhood Clinics operates a clinic at the Atlanta airport in Clayton County.

<sup>2</sup> Clayton County CSB did not return requests for information.

## PAYMENT AND ACCESS

The Good Shepherd Clinic is a free clinic and does not accept any form of insurance, payment, or sliding scale fee. However, proof of income and residency are required for service. Both Good Shepherd and the Board of Health provide limited medication to patients at no cost. The Good Shepherd Clinic uses Prescription Assistance Programs and samples. The Board of Health factors the cost of prescriptions into the cost of services. However, at Clayton County Board of Health, prescriptions are only provided for categorical services such as family planning. The Road to Recovery provides services to the Spanish-speaking community primarily through court system referrals. Patients are charged a minimum of \$30 per counseling session or visit.

*Figure 7: Clayton County Payment and Access*

	Clayton County Board of Health	Good Shepherd Clinic	Road to Recovery	Clínica de la Mama
<b>Proof of Residency/ or Income</b>	N/Y	Y/Y	N/N	N/A
<b>Commercial Insurance</b>	N	N	N	N/A
<b>Medicaid/PeachCare</b>	Y/Y	N/N	Y/N	Y/Y
<b>Medicare</b>	Y (For flu shots only)	N	N	N/A
<b>Sliding Scale</b>	Y	N	Y	N/A
<b>Rx Service</b>	Y	Y	N	N/A
<b>Minimum Payment</b>	\$5 (Won't refuse service if patient can't pay)	0	\$30	N/A
<b>Prescription Assistance Program<sup>26</sup></b>	N	Yes	N	N/A
<b>Free/ Reduced Rx</b>	Y (Cost included in visit)/N	Y/N	N/N	N/A
<b>Bus or Rail</b>	Y-Bus	N	Y-Bus	Y

## CAPACITY

The three providers interviewed in Clayton County provided 1,823 visits to the uninsured in the most recent year reported<sup>3</sup>. Information for Clínica de la Mama could not be obtained. This means remaining uninsured residents seeking services must access them through emergency rooms or through safety net providers in other counties.

Because the Good Shepherd Clinic is open only six hours per week, physician and mid-level provider supply is very limited. Applying the aforementioned formula to provider supply, we find that the Good Shepherd Clinic should have an annual capacity of 1,221 primary care visits, far less than what was actually provided in 2005. Due to limited capacity, wait times for a medical office visit is approximately ten days, and the wait time for a new patient is approximately 60 days.

*Figure 8: Clayton County Capacity*

	Clayton County Board of Health	Good Shepherd Clinic	Road to Recovery	Clínica de la Mama
Patient Visits	N/A	1,823 (1/05-11/05)	N/A	N/A
Estimated Annual Patient Visit Capacity	N/A	2,000	N/A	N/A
Weekly Hours	42	6	25	N/A
FTE Physicians	Categorical only	0.15	1	N/A
FTE Mid-level Providers	Categorical only	0.15	13	N/A
Regular Office Visit Appointment Wait Time	N/A	Y/10 days	Y/ Same day	N/A
Sick Visit Appointment Wait Time	N/A	Y	N/A	N/A
Regular Office Visit Walk-In	N/A	Y	Y/ Same day	N/A
Sick Visit Walk-In	N/A	Y	N/A	N/A

Applying the number of uninsured individuals in Clayton County (55,489) to the mid-point of estimated primary care visits per uninsured individual (2.25), we find that Clayton County has an estimated demand for uninsured primary care visits of 124,849 per year.

---

<sup>3</sup> Throughout the report, the visit year measurement varies by provider. Unless otherwise notes, visits are from either calendar year 2004 or 2005.

## COUNTY MUAs, MUPs, AND HPSAs

Clayton County currently has no MUA, MUP, or HPSA.

## INDIGENT CARE TRUST FUND

*Figure 9: Indigent Care Trust Fund Payments 2001 – 2005*

	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
Clayton	\$ -	\$ -	\$ -	\$ -	\$ 6,377,102

Source: Georgia Department of Community Health

Clayton County's Southern Regional Medical Center started participating in the Indigent Care Trust Fund in FY05. Comparative data are not available for previous years.

## NEEDS

The four providers in Clayton County represent different types of organizations offering different clinical services. Therefore, the needs they identified for their patients and for their organizations varied. They included:

- Prescription drugs
- Quality control
- Tracking, monitoring, and surveillance
- Resources to support operations
- Culturally and linguistically appropriate services
- Transportation

The Good Shepherd Clinic states that prescription drugs are their patients' greatest need; while, the Board of Health's patient needs are tracking, monitoring and surveillance, and treatment of infectious disease. Both providers indicate resource needs when responding to what their organizations' greatest needs are. Good Shepherd again mentions prescription drugs but also mentions that operating funds, equipment, physical space, and volunteers are needed. The Road to Recovery believes the greatest need of their patients to be culturally and linguistically appropriate mental health services and advocacy for quality control. In addition to the quality of care their patients receive, improved transportation is also cited.

## **PARTNERSHIPS**

Partnerships allow organizations with otherwise limited resources to expand the level of care they provide to their patients by leveraging resources available through external organizations. Clayton County providers all use partnerships to complement and supplement the services they provide. These partnerships appear to play a key role in the ability of the Good Shepherd Clinic to meet the needs of its patients. The Good Shepherd Clinic partners with the Clayton County Board of Health for women's health issues and partners with Southside Medical Center for mammograms. Lab work, pediatrics, and services for cardiac patients are also provided through partnerships.

Clayton County Board of Health partnerships include most social service agencies and the local Board of Education, HeadStart, WIC, county extension service, the Good Shepherd Clinic, and local first responders. The Road to Recovery partners with agencies that provide services to the Spanish-speaking community.

## **SUMMARY**

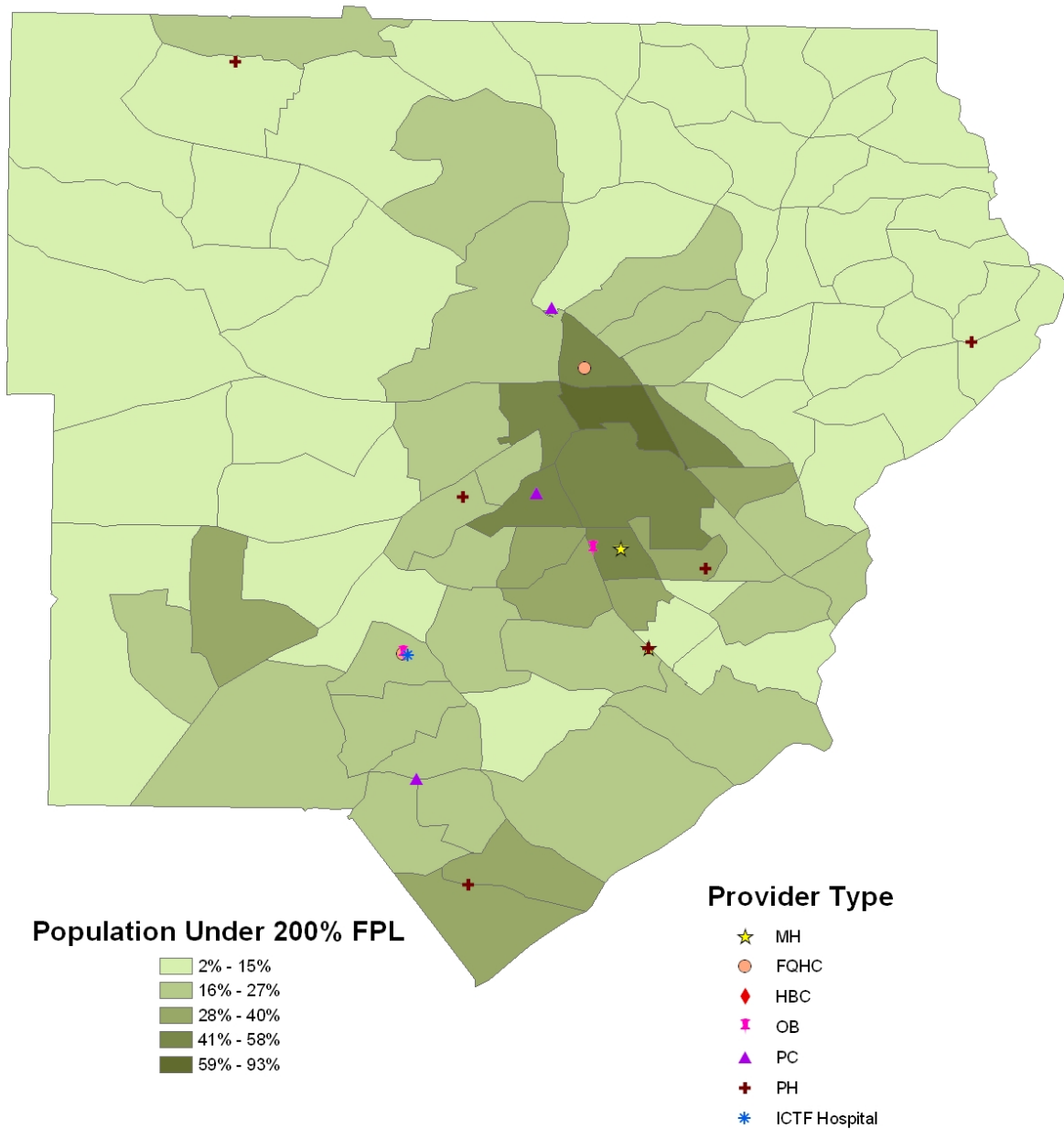
Conversations with health care providers in Clayton County give insight into demographic changes - particularly an increase in the number of Spanish speaking persons - that have meant more difficulty in meeting the needs of the population. Clayton County Board of Health indicates that nearly 20 percent of their patients speak Spanish. Countywide, 17 percent of the population speaks a language other than English at home.

Limited safety net resources impact the health status and outcomes of those who are uninsured. Clayton County has one of the highest rates of low birth weight and women with late prenatal care. Clayton also has one of the highest preterm delivery rates and one of the highest rates for Ambulatory Care Sensitive hospital admissions for young people, working people, and older people.

Although Clayton County is not designated as an MUA/MUP or HPSA, it has one of the highest rates of uninsured residents in the seven-county area, and it has the highest rate of residents receiving Medicaid. Household income indicators are poor, as are selected health outcomes. The resources available to care for the uninsured are limited, and the strain on the health care safety net is most likely felt by hospital emergency rooms and out-of-county safety net providers.



# Cobb County Safety Net Providers







## INTRODUCTION

Cobb County has a population of 653,715 residents, and about 19 percent (124,206) is uninsured. Cobb County is diverse - 22 percent is African-American and 11 percent is Hispanic. Sixteen percent is foreign born, and 18 percent speak a language other than English at home. Only 21 percent lives below 200 percent of the Federal Poverty Level, one of the lowest rates of the seven metro counties. Ninety percent of Cobb residents have a high school degree or more.

## SERVICES

Our research identified nine health care providers varying across organization types. Cobb has two mental health providers (one Community Service Board and one independent clinic), one public health department, three independent primary care clinics<sup>4</sup>, two Federally Qualified Health Centers, and one Community Health Center. They serve patients in 16 locations: Clínica de la Mama has three locations and Cobb County Public Health Department has six.

The uninsured receive primary care through Southside and West End Medical Centers, MUST Ministries, and Sweetwater Valley CAMP. Women's care for the Latina population is available at Clínica de la Mama. Southside and West End Medical Centers, as well as Cobb County Public Health, also provide women's care. Pediatric care is available at all the safety net providers except Road to Recovery and the Cobb Community Service Board.

*Figure 10: Cobb County Services*

	Clínica de la Mama	Cobb Community Service Board	Cobb County Public Health	MUST Ministries
<b>Provider Type</b>	OB	MH	PH	PC
<b>Primary Care</b>	N	N	N	Y
<b>Women's Care</b>	Y	N	Y	Y
<b>Pediatric Care</b>	N	N	Y	Y
<b>Vision</b>	N	N	N	N
<b>Dental</b>	N	N	Y	N
<b>Mental Health / Substance Abuse</b>	N	Y	N	N
<b>Specialist</b>	N/A	Cobb Community Health Department	Private physicians, Children's Healthcare of Atlanta, West End Medical Center	Some private OB/GYN physicians, private pediatricians,

<sup>4</sup> Good Samaritan Health Clinic opened after initial data collection' therefore, no data are available.

*Figure 10 Continued: Cobb County Services*

	Road to Recovery	Southside Medical Center	Sweetwater Valley CAMP	West End Medical
<b>Provider Type</b>	MH	FQHC	PC	FQHC
<b>Primary Care</b>	N	Y	Y	Y
<b>Women's Care</b>	N	Y	N	Y
<b>Pediatric Care</b>	N	Y	Y	Y
<b>Vision</b>	N	Y	N	N
<b>Dental</b>	N	Y	Y	Y
<b>Mental Health / Substance Abuse</b>	Y/Y	N/Y	N/N	N/N
<b>Specialist</b>	No	Gastroenterology, Optometry, Urology	Refer out their laboratory services, refer many to Health Department, Kennesaw, Life University for Chiropractic work, and private physician do X-Rays	All specialty services handled through referral network

## **PAYMENT AND ACCESS**

Geographically, Cobb County's safety net providers appear to be aligned with the neediest populations. Only the health department requires proof of residency, while half the providers require proof of income. Most providers accept Medicaid, but half of the providers do not accept Medicare. All but MUST Ministries, which does not accept payment for services, accept sliding scale payments. Half the providers offer some sort of prescription assistance – either operating Prescription Assistance Programs or offering free or reduced cost drugs from a dispensary. All but two providers are located near bus lines.

**Figure 11: Cobb County Payment and Access**

	Clínica de la Mama	Cobb Community Service Board	Cobb County Public Health	MUST Ministries
Proof of Residency/Income	N/A	N/Y	Y/Y	N/N
Commercial Insurance	N/A	N	N	N
Medicaid/PeachCare	Y/Y	Y/Y	Y/Y	N/N
Medicare	N/A	N	Y	N
Sliding Scale	Y	Y	Y	N
Rx Service	N/A	Y	Categorical only	Y
Minimum Payment	N/A	N	Y-Pediatric Primary Care is \$30/visit	Y -\$15 –lab work, \$3 – TB test, \$10 – Tetanus, \$3- Pregnancy test (no one refused)
Prescription Assistance Program	N/A	Y	N	N
Free/ Reduced Rx	N/A	Y (\$2-Medicaid, \$5 all others; \$5 charge for PAP dispensary)	Included in cost of care	Y/Y (\$6/Rx)
Bus or Rail	Y	Y	Y	Y

**Figure 11 Continued: Cobb County Payment and Access**

	Road to Recovery	Southside Medical Center	Sweetwater Valley CAMP	West End Medical
Proof of Residency/Income	N/N	N/Y	N/N (Yes –Dental)	N/Y (sliding scale)
Commercial Insurance	N	Y	N	Y
Medicaid/PeachCare	Y/N	Y/Y	N/N	Y/Y
Medicare	N	Y	N	Y
Sliding Scale	Y	Y	Y-Dental	Y
Rx Service	N	Y	Y	Y
Minimum Payment	Y-\$30	Y-\$25 (no one refused)	Y-Dental (based on sliding scale)	Y-\$30
Prescription Assistance Program	N	Y	Y	Y
Free/ Reduced Rx	N	Y (\$8 Rx filling fee)	Y/Y (try to charge \$6/Rx)	Y (\$6 Rx filling fee, increasing to \$7)
Bus or Rail	Y	N	N	Y

## CAPACITY

Five of the eight safety net providers serve the uninsured with primary care, and in the most recent year they provided 35,279 patient encounters. Additionally, 10,078 mental health visits and 14,502 family planning public health visits were provided. While some providers state they are over capacity (MUST Ministries), others feel they have additional capacity.

*Figure 12: Cobb County Capacity*

	<b>Clínica de la Mama</b>	<b>Cobb Community Service Board</b>	<b>Cobb County Public Health</b>	<b>MUST Ministries</b>
<b>Patient Visits</b>	N/A	10,000	8,603-Ped, 14,502-Family planning	4,400
<b>Estimated Patient Visit Capacity</b>	N/A	10,000	N/A	3,750
<b>Weekly Hours</b>	N/A	Operate 24/7	197	9
<b>FTE Physicians</b>	N/A	8	N/A	0.225
<b>FTE Mid-level Providers</b>	N/A	7	N/A	0
<b>Regular Office Visit Appointment Wait Time</b>	N/A	Y/ 7 days	N/A	Only take occasional appointments for specialty clinics
<b>Sick Visit Appointment Wait Time</b>	N/A	Y/ 0 days	N/A	Do not take appointments
<b>Regular Office Visit Walk-In</b>	N/A	Y	N/A	Y
<b>Sick Visit Walk-In</b>	N/A	N/A	N/A	Y

*Figure 12 Continued: Cobb County Capacity*

	Road to Recovery	Southside Medical Center	Sweetwater Valley CAMP	West End Medical
Patient Visits	78	6,744	408	15,124
Estimated Patient Visit Capacity	78	15,039	408	31,138
Weekly Hours	25	45	4.5 (medical); 12 (dental)	215
FTE Physicians (System-wide)	N/A	8.39	0.1125	12
FTE Mid-level Providers (System-wide)	N/A	7.821	.45	5
Regular Office Visit Appointment Wait Time	Y/ Same Day	Y/ 1-7 days	N	Y/ 7 days-regular, 14 days-Pediatric, 21 days-OB/GYN, 90 days-Dental
Sick Visit Appointment Wait Time	N/A	Y	N	Y/Dental 1-2 Days
Regular Office Visit Walk-In	Y	Y/1-2 hours (depending on need)	Y	Y
Sick Visit Walk-In	N/A	Y/1-2 hours	Y	Y

Most safety net providers in Cobb County have very limited hours, with the most comprehensive hours being provided by West End Medical and Southside Medical Center – both FQHCs. The Cobb Community Service Board offers a 24-hour help and referral line.

Applying the number of uninsured individuals in Cobb County (124,206) to the mid-point of estimated primary care visits per uninsured individual (2.25), we find that Cobb County has an estimated uninsured demand for primary care visits of 279,464 per year.

### **MUAs, MUPs, and HPSAs in the County**

Cobb County currently contains the following MUAs, MUPs, and HPSAs:

MUA, MUP: No MUA or MUP

HPSA: Two HPSA designations for Community Health Centers

## INDIGENT CARE TRUST FUND

*Figure 13: Indigent Care Trust Fund Payments 2001 – 2005*

	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
Cobb	\$ -	\$ -	\$ -	\$ -	\$ 2,266,845

Source: Georgia Department of Community Health

The county's sole hospital participating in the ICTF, Wellstar Cobb, began its participation in 2005; therefore, comparison data for previous years are not available.

### NEEDS

Conversations with safety net providers in Cobb County yielded a variety of responses concerning what they perceive to be their patients' needs. Within Cobb, there are five providers of primary care services (Cobb County Public Health delivers pediatric care), two mental health service providers, and one provider of obstetrics and gynecology.

Patient needs include:

- Access to care in the traditional health system
- Preventive health care
- Dental services
- Health care specialists
- Prescription drugs
- Health insurance
- Employment
- Culturally and linguistically appropriate services
- Mental health stigma reduction and education

Providers in Cobb County were also asked about their organizational needs and what could be done to improve the care to the populations they serve. Although there are three independent clinics, two FQHCs, one public health department, and two mental health providers, the needs they expressed were common across provider types.

Providers generally feel patients' needs are related to access and sensitivity (stigma reduction, cultural and linguistically appropriate services); however, the providers' needs are generally related to resources and infrastructure.

Responses from providers regarding organizational needs include:

- Space and physical infrastructure

- Volunteers and medical professional volunteers
- Funding and general operating resources

Providers say that additional capacity (medical professionals, space, hours) to serve patients, transportation, improved physical and information technology infrastructures, and increased patient accountability may help improve patient care. The need for funding was stressed by nearly every provider interviewed.

## **PARTNERSHIPS**

Both MUST Ministries and Sweetwater Valley CAMP cite WellStar College of Health and Human Services at Kennesaw State University as a partner, particularly in providing support through its nursing program. Sweetwater Valley CAMP has also been successful in partnering with West Georgia Technical College for dental hygiene interns and Mercer University for social service interns. The Cobb County Health Department cites its partnership with the American Lung Association. Southside Medical Center cites a partnership with Clínica de la Mama.

Several providers express a desire for even greater ties to academic centers in order to access additional dental and nursing students. One provider sees on the horizon the need for partnerships with the local Latin American Association in order to provide translation services to its growing Hispanic population. The Federally Qualified Health Centers desire closer relationships with local county government and specialty providers to enable referrals.

## **SUMMARY**

While Cobb County has a high median household income (\$52,936), it still faces challenges in providing services to its uninsured residents. The County has an estimated uninsured demand for primary care visits of 279,464 per year. While safety net providers are located where the highest densities of families with less than 200 percent FPL live, limited public transportation presents a challenge.

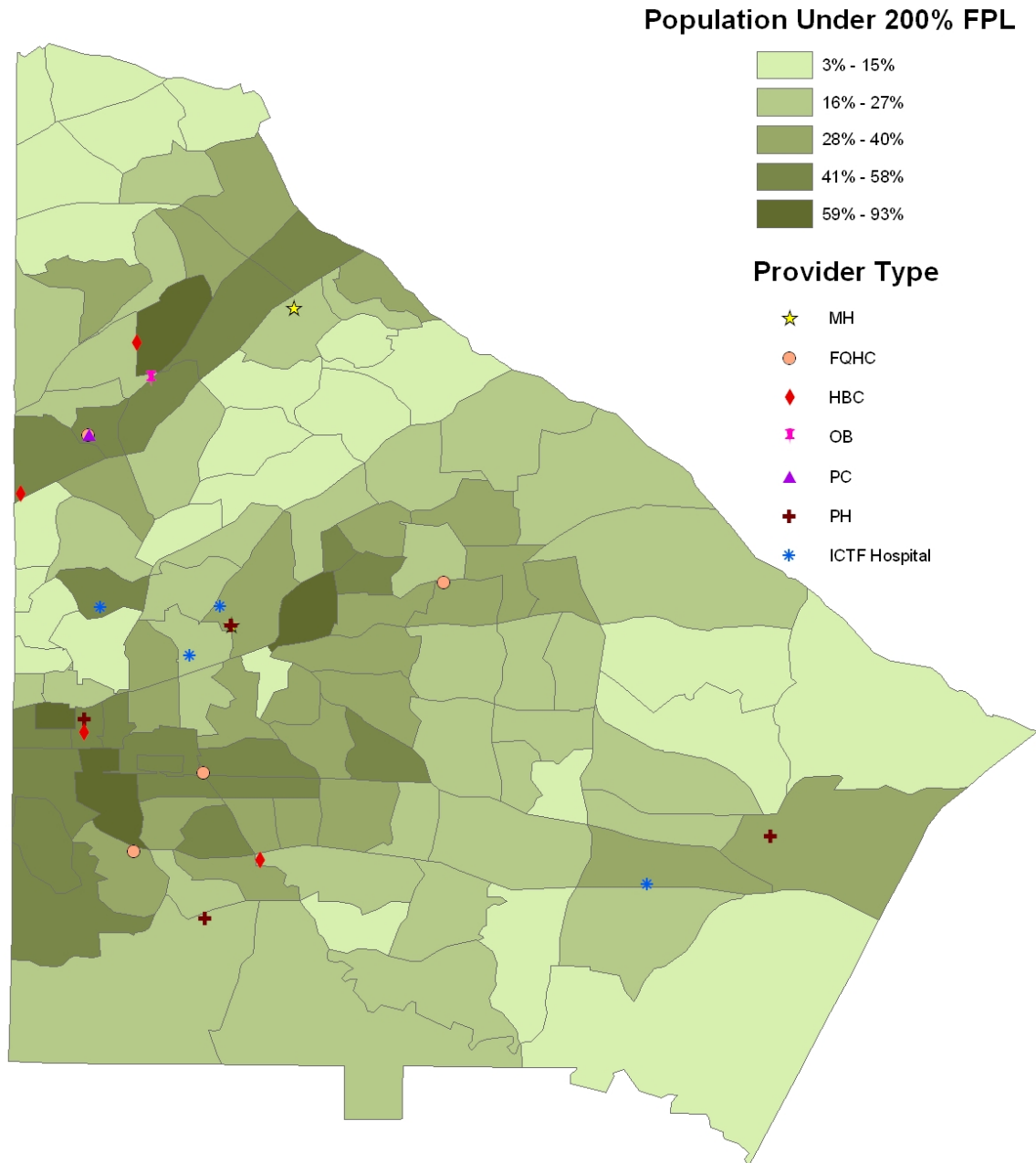
Eighteen percent of Cobb residents do not speak English in the home. Both Clínica de la Mama and Road to Recovery target services to Spanish speakers, yet the services provided by the clinics do not offer the full spectrum of primary care: one provides pre-natal care and the other provides mental health services.

Cobb County maintains an advantage of providing a range of services across safety net providers: primary care, specialty prenatal care, mental health care, and public health services. Its main challenges appear to be the volume of services it is able to provide,



the language barriers presented by an increasing non-English speaking population, and transportation to existing services.

# DeKalb County Safety Net Providers





## **INTRODUCTION**

DeKalb County has a population of 662,973 residents, and about 21 percent (139,224) are uninsured. Fifty-five percent of residents is African-American, and nine percent is Hispanic. Sixteen percent of the population is foreign born, and 17 percent speak a language other than English at home. A larger percent of the population is older than those in comparison counties. About twenty-seven percent of the population lives under 200 percent of the Federal Poverty Level and 88 percent have completed high school or more.

## **SERVICES**

DeKalb is one of two counties in the seven-county area with a fairly robust network of safety net providers distributed throughout the county. According to the federal Bureau of Primary Health Care, DeKalb has three FQHCs – one serving the Buford Highway corridor, one near the DeKalb-Fulton County line, and one with locations in Stone Mountain and Decatur. DeKalb is also served by four locations of Grady Neighborhood Health Centers. Of the seven counties studied, the DeKalb County Board of Health is the most active public health entity in the provision of primary care, operating five service sites throughout the county. Clínica Union and Clínica de la Mama are primary care and obstetrics/gynecological care providers for Latina women. DeKalb is also served by a large Community Service Board, and the Road to Recovery for mental health services.

DeKalb County safety net providers serve the uninsured with primary care, vision care, dental care, women's care, pediatric care, and mental health and substance abuse care. DeKalb County Public Health Department offers services beyond those typically provided by most public health departments. Due to DeKalb's status as a refugee resettlement area, DeKalb Board of Health provides the full spectrum of primary care services in 112 languages.

**Figure 14: DeKalb County Services**

	DeKalb Community Service Board	DeKalb County Board of Health	Grady Neighborhood Health Centers	Clínica Union
<b>Provider Type</b>	MH	PH	HBC	PC
<b>Primary Care</b>	N	Y	Y	Y
<b>Women's Care</b>	N	Y	Y	Y
<b>Pediatric Care</b>	N	Y	Y	N
<b>Vision</b>	N	N	Y	N
<b>Dental</b>	N	Y	Y	N
<b>Mental Health – Substance Abuse</b>	Y	Y	N	N
<b>Specialist</b>	Y	Y -Grady Health System -OB GYN, Family Medicine, Internal Medicine, Infectious Disease; CHOA – Pediatricians; DeKalb Medical -Oncology, High Risk OB/GYN, Optometrist, and more (see Appendix XX)	Y-Internal for all subspecialties; 2 locations have optometrist, Dental services onsite through DeKalb Health Dept at 2 locations	N/A

**Figure 14 Continued: DeKalb County Services**

	Clínica de la Mama	Oakhurst Medical Centers	Saint Joseph's Mercy Care Services	Southside Medical Center	Road to Recovery
<b>Provider Type</b>	OB	FQHC	FQHC	FQHC	MH
<b>Primary Care</b>	N	Y	Y	Y	N
<b>Women's Care</b>	Y	Y	Y	Y	N
<b>Pediatric Care</b>	N	Y	Y	Y	N
<b>Vision</b>	N	N	Y	Y	N
<b>Dental</b>	N	N	Y	Y	N
<b>Mental Health – Substance Abuse</b>	N	N	Y (some assessment)/N	N/Y	Y
<b>Specialist</b>	N/A	Y -Relationships with lab, OBGYN, Oncology, DeKalb CSB, Orthopedist, ENT, home health, elder care	Y –Case Managers for mental health, St. Joseph's Hospital	Gastroenterology, Optometry, Urology	N

## PAYMENT AND ACCESS

Half of the safety net providers in DeKalb require proof of residency, while all but one requires proof of income. All of the providers accept Medicaid, and all but Road to Recovery accept commercial insurance and PeachCare. All of the providers offer a sliding fee scale. Half the providers require minimum payments from clients. Again, all but the Road to Recovery provide some form of prescription drug assistance, with four providers facilitating manufacturers' Prescription Assistance Programs. Three providers offer dental services.

Access to services by bus or rail is generally not a barrier in DeKalb County, since it shares the region's major public transportation system – MARTA - with Fulton County. All DeKalb safety net providers are located near public rail or bus lines.

DeKalb County is faced with an access issue that is more pronounced than other Georgia or Metropolitan Atlanta counties. DeKalb receives 65 percent of the international refugees relocating to Georgia. Providing services that are culturally and linguistically sensitive increases access to health care for immigrants and refugees who are uninsured.

*Figure 15: DeKalb County Payment and Access*

	DeKalb Community Service Board	DeKalb County Board of Health	Grady Neighborhood Health Centers	Clínica Union
Proof of Residency or Income	Y/Y	N/Y	Y/Y	N/A
Commercial Insurance	Y	Y	Y	N/A
Medicaid/PeachCare	Y	Y	Y	N/A
Medicare	Y	Y	Y	N/A
Sliding Scale	Y	Y	Y	N/A
Rx Service	Y	Categorical	Y	N/A
Minimum Payment	N	Y	N	Y
Prescription Assistance Program	Y	N	Y	N/A
Free or Reduced Rx	Y/Y	Free -Categorical	Y/Y -\$2 co-pay for "zero pay" patients	N/A
Bus or Rail	Y	Y	Y	N/A

*Figure 15 Continued: DeKalb County Payment and Access*

	Clínica de la Mama	Oakhurst Medical Centers	Southside Medical Center	Saint Joseph's Mercy Care Services	Road to Recovery
<b>Proof of Residency or Income</b>	N/A	Y/Y	N/Y	N/Y	N/N
<b>Commercial Insurance</b>	N/A	Y	Y	Y	N
<b>Medicaid/PeachCare</b>	Y	Y	Y/Y	Y	Y/N
<b>Medicare</b>	N/A	Y	Y	Y	N
<b>Sliding Scale</b>	Y	Y	Y	Y	Y
<b>Rx Service</b>	N/A	Y	Y	Y	N
<b>Minimum Payment</b>	N/A	Y -\$30 (no one refused)	Y-\$25 (no one refused)	N	Y -\$30
<b>Prescription Assistance Program</b>	N/A	Y	Y	Y	N
<b>Free or Reduced Rx</b>	N/A	Y	Y (\$8 Rx filling fee)	Y/Y (\$4/Rx at stationary clinics, free at mobile clinics)	N/A
<b>Bus or Rail</b>	Y	Y	N	Y	Y

## CAPACITY

In the most recent year reported, seven providers in DeKalb County provided 120,711 primary care visits to the safety net population – 54 percent provided by the Grady Neighborhood Health Centers. Additionally, 16,594 mental health visits were reported. All but Oakhurst Medical Center state that their current patient loads are at capacity. All providers except the Road to Recovery operate at least 40 hours per week. Providers explain that productivity levels may be hampered by no-show rates that are reported to be between 20 and 25 percent.

Applying the number of uninsured individuals in DeKalb County (138,224) to the mid-point of estimated primary care visits per uninsured individual (2.25), we find that DeKalb County has an estimated uninsured demand for primary care visits of 313,255 per year.

**Figure 16: DeKalb County Capacity**

	DeKalb Community Service Board	DeKalb County Board of Health	Grady Neighborhood Health Centers*	Clínica Union
Patient Visits	16,516	28,225	65,508	N/A
Estimated Patient Visit Capacity	16,516	28,225	65,508	N/A
Weekly Hours	40	40	136 (total of 3 DeKalb centers)	N/A
FTE Physicians	21	6	30	N/A
FTE Mid-level Providers	N/A	N/A	8	N/A
Regular Office Visit Appointment Wait Time	Y -5 days	Y -14 days; Dental-30 days	Y -21 days	N/A
Sick Visit Appointment Wait Time	Y -2 to 24 hours	Y -0 to 2 days	Y -24 hours	N/A
Regular Office Visit Walk-In	N	Y	Y*	N/A
Sick Visit Walk In	Y	Y	Y	N/A

\* The number of visits does not include OB/GYN or HIV related primary care. The number of physicians does not include those in residency training programs. Grady is reconsidering accepting walk-ins.

**Figure 16 Continued: DeKalb County Capacity**

	Clínica de la Mama	Oakhurst Medical Centers	Southside Medical Center	Saint Joseph's Mercy Care Services	Road to Recovery
Patient Visits	N/A	20,991	3,536	2,451**	78
Estimated Patient Visit Capacity	N/A	35,000	7,920	2,451**	78
Weekly Hours	N/A	90	45	42.5	25
FTE Physicians	N/A	4	8.39	2.6***	1
FTE Mid-level Providers	N/A	1	7.821	9.4***	13
Regular Office Visit Appointment Wait Time	N/A	Y -3 days	Y/ 1-7 days	Y-30 days; 60 days dental	Y -0 days
Sick Visit Appointment Wait Time	N/A	Y -0 days	Y	Y-1-2	Y -0 days
Regular Office Visit Walk-In	N/A	Y	Y/1-2 hours (depending on need)	Y	N/A
Sick Visit Walk In	N/A	Y	Y/1-2 hours	Y	N/A

\*\*Saint Joseph's Mercy Care operates one stationary clinic in Fulton County and one in DeKalb County. Patient Visits and Estimated Patient Visit Capacity figures in this table are for DeKalb County.

\*\*\*Saint Joseph's Mercy Care figures for FTE Physicians and FTE Mid-level providers are total for the organization.



## MUAs, MUPs, AND HPSAs

DeKalb County currently contains the following MUAs, MUPs, and HPSAs:

MUA, MUP: Partial County - South Decatur/Candler/McAfee  
Partial County -Low Income/Stone Mountain/Clarkston  
HPSA: Ten HPSA designations for Community Health Centers.

Oakhurst Medical Center appears to be well positioned to serve the partial county MUAs/MUPs, as they are located in the Candler and Stone Mountain areas. Oakhurst personnel did point out that the Clarkston area has the additional challenge of being a refugee resettlement area, bringing with it cultural challenges related to appropriate preventive health care.

## INDIGENT CARE TRUST FUND

*Figure 17: Indigent Care Trust Fund Payments 2001 – 2005*

	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
DeKalb	\$ 5,653,261	\$ 15,471,050	\$ 12,564,647	\$ 12,027,946	\$ 18,421,405

Source: Georgia Department of Community Health

DeKalb County had four<sup>5</sup> hospitals that participated in the state's Indigent Care Trust Fund. Between 2001 and 2005, Indigent Care Trust Fund Payments within the county increased 225 percent. Between 1998 and 2004, indigent and charity claims by participating DeKalb hospitals increased 21 percent. While ICTF payments do not cover the complete cost of hospitalization for the uninsured, it appears DeKalb hospitals are better positioned than their peers who may have lost funding over time relative to uninsured care provided.

---

<sup>5</sup> Emory Dunwoody Medical Center closed in December 2006.

## NEEDS

Conversations with safety net providers in DeKalb County elicited a variety of responses concerning what they perceive to be their patients' greatest needs. Within DeKalb, there are seven providers of primary care services and two mental health services providers. Patient needs that arose during discussions with providers included:

- Housing
- Transportation
- Sources for specialty referrals
- Prescription drugs and resources to manage Prescription Assistance Programs
- Health education including nutrition
- Better access to primary care
- Dental services including restorative services
- Coordination of care

When providers are asked what would directly improve the care of the patients they serve on a regular basis, answers range from the general to the very specific. Housing is mentioned more than once as a critical support service that is needed to stabilize and improve health. Because many of the uninsured are transient, an accessible electronic medical record is suggested as a means of care improvement. Programs addressing specific health conditions such as cardiovascular disease and programs that target health disparities are cited. One clinic states the need for satellite clinics within apartment complexes due to the lack of reliable transportation and cultural challenges. Other suggestions are much more global in nature such as nationalized health care.

The clinics' organizational needs include information technology infrastructure and financial resources from direct support, fundraising, philanthropy, or through marketing. Providers also mention long-range planning support and specific operational needs such as equipment.

## **PARTNERSHIPS**

DeKalb County providers have established extensive partnerships across the county. Several of the safety net providers partner with the DeKalb County Board of Health on various initiatives. The DeKalb Community Service Board cites its relationship with Oakhurst Medical Center, and Oakhurst Medical Center speaks about its relationships with area hospitals. Several providers network with local schools of nursing and medicine as a source of manpower and research opportunities.

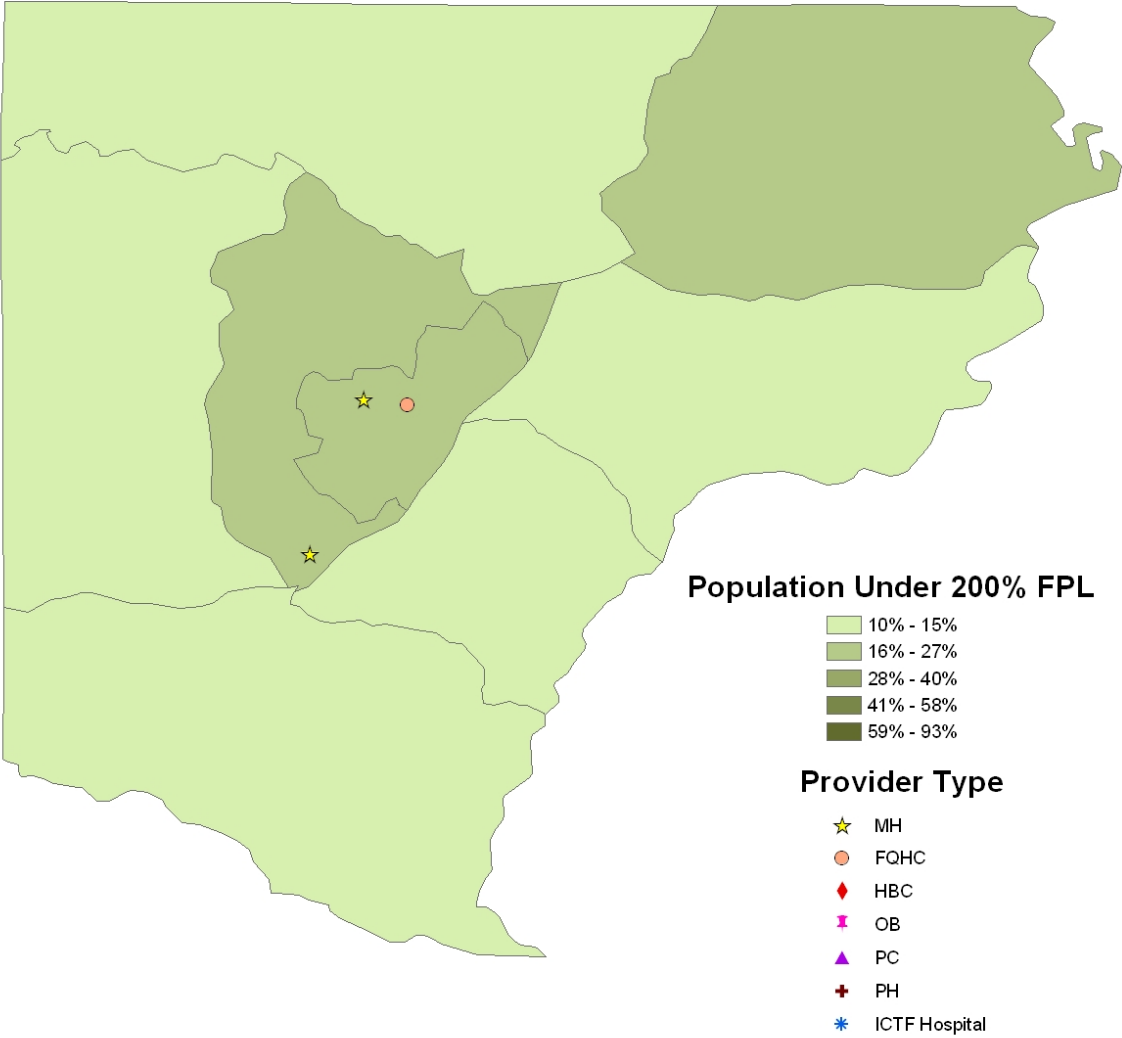
When providers are asked about partnerships they would like to establish, many mention partnerships with local private physicians, either as sources of referral or to assist in their clinics. Others want partnerships with pharmaceutical companies to provide even more assistance with prescription coverage, and one points to assistance with managing a Prescription Assistance Program. Dental providers are also cited as a critical partnership. Finally, several providers express their desire to partner with other community organizations such as schools, county governments, and social service providers.

## **SUMMARY**

DeKalb County is faced with the challenges of more than a quarter of its households living with incomes below 200 percent of the Federal Poverty Level and 18 percent being Medicaid recipients. DeKalb is also challenged with being a relocation center for refugee resettlement, particularly in the Clarkston area. More than 16 percent of DeKalb residents are foreign born, and more than 17 percent speak a language other than English in the home.

Like Cobb County, DeKalb depends on several large safety net providers – Oakhurst Medical Center, the DeKalb County Board of Health, and Grady Neighborhood Health Centers to shoulder much of the demand of the uninsured population. (Grady Neighborhood Health Centers alone provided 54 percent of the county’s safety net capacity.) Any negative impact on the ability of any one of these major safety net providers to continue the levels of service they are currently providing – such as the financial condition of Grady memorial Hospital - could have a devastating effect on the county’s ability to manage the volume of uninsured individuals with primary care needs.

# Forsyth County Safety Net Providers





## INTRODUCTION

Forsyth County has a population of 139,501 residents, and it is one of the fastest growing counties in the nation. Approximately 12 percent of the population is uninsured – one of the lowest rates of the seven counties measured. Its population is less diverse than the rest of the seven-county area, with only two percent being African-American and eight percent being Hispanic. Ten percent of the population is foreign born, and 12 percent speaks a language other than English at home. Thirteen percent of the population lives below 200 percent of the Federal Poverty Level – the lowest rate of the seven counties. Ninety percent of the population has a high school degree or more.

## SERVICES

Forsyth County, while one of the fastest growing counties in the nation, offers few services to its uninsured residents. Providers are limited to one FQHC and one Community Service Board coordinating mental health services at two locations. Georgia Highlands Medical Center provides a full range of primary care services except vision and dental care. Provider locations appear to be in one of two areas of greatest need within the county.

*Figure 18: Forsyth County Services*

	Georgia Highlands Medical Services	Georgia Mountains Community Service Board
Provider Type	FQHC	MH
Primary Care	Y	N
Women's Care	Y	N
Pediatric Care	Y	N
Vision	N	N
Dental	N	N
Mental Health / Substance Abuse	N	Y
Specialist	Y- Physicians use their own network of specialist	Y

## PAYMENT AND ACCESS

Barriers to accessing services at either provider are minimal compared to the other counties studied. The county's two providers do not require proof of residency, but they both require proof of income. Both accept a full range of payment, including sliding scale fees, and only the Community Service Board requires minimum payments. Both offer forms of prescription access. One of the greatest barriers to accessing health care for the uninsured in Forsyth County is likely transportation. Only the Community Service Board is accessible by public transportation.

*Figure 19: Forsyth County Payment and Access*

	Georgia Highlands Medical Services	Georgia Mountains Community Service Board
<b>Proof of Residency/ Income</b>	N/Y	N/Y
<b>Commercial Insurance</b>	Y	Y
<b>Medicaid/PeachCare</b>	Y	Y
<b>Medicare</b>	Y	Y
<b>Sliding Scale</b>	Y	Y
<b>Rx Service</b>	Y	Y
<b>Minimum Payment</b>	N	Y
<b>Prescription Assistance Program</b>	Y	Y
<b>Free/ Reduced Rx</b>	Y/Y –Patients pay reduced Rx cost through 340B contract, use samples	N/Y-\$6 co-pay
<b>Bus or Rail</b>	N	Y

## CAPACITY

The number of primary care visits provided by safety net providers in the most recent reporting period totals 35,308, with an additional 37,482 mental health encounters. Georgia Highlands personnel state that they have additional capacity for 5,000 more visits per year.

Applying the number of uninsured individuals in Forsyth County (16,740) to the mid-point of estimated primary care visits per uninsured individual (2.25), we find that Forsyth County has an estimated demand for uninsured primary care visits of 37,665 per year – slightly more than the level the clinic is currently providing – perhaps confirming the clinic’s belief that 5,000 more visits per year can be absorbed. However, applying Bureau of Primary Health Care productivity standards for Georgia clinics, we estimate that Forsyth County’s sole primary care provider (Georgia Highlands) has a projected capacity of 23,199 primary care visits, which indicates the clinic may be operating at 152 percent capacity compared with the average or is highly efficient in its care delivery.

*Figure 20: Forsyth County Capacity*

	Georgia Highlands Medical Services	Georgia Mountains Community Service Board
Patient Visits*	35,308	37,482**
Estimated Patient Visit Capacity	36,000	37,482
Weekly Hours	40	45
FTE Physicians	3.3	5
FTE Mid-level Providers	2.4	26
Regular Office Visit Appointment Wait Time	Y- Same day to 1 day	Y- Same day to 28 days
Sick Visit Appointment Wait Time	Y- Same day days	N/A
Regular Office Visit Walk In	N	Y
Sick Visit Walk In	N	N/A

\*Georgia Mountains CSB has two locations in Forsyth County.

\*\*Estimated by CSB staff.



## **MUAs, MUPs, AND HPSAs**

Forsyth County currently has the following MUAs, MUPs, and HPSAs:

MUA, MUP:	Whole County - Forsyth County
HPSA:	Five HPSA designations: three for Community Health Centers, one Single County, and one Geographic Area.

Its designation as a health professional shortage area is evidenced by the fact that it has the lowest number of pediatricians and OB/GYNs per 100,000 in the seven-county area.

## **INDIGENT CARE TRUST FUND**

From 2000 through 2005, there were no hospitals located in Forsyth County that participated in Georgia's Indigent Care Trust Fund.

## **NEEDS**

Georgia Highlands Medical Services identifies resources to cover the cost of specialty care as the number one patient need. The Forsyth County CSB identifies affordable housing, transportation, and employment as its clients' greatest needs. When asked how they can improve the care of the patients they currently serve, Georgia Highlands responds that extended hours will help clients who work. The Forsyth CSB again points to community support for affordable housing, transportation, and employment.

When asked about the clinic's organizational needs, Georgia Highlands mentions more space and resources to serve more clients, and the Forsyth County CSB identifies the recruitment and retention of qualified staff.

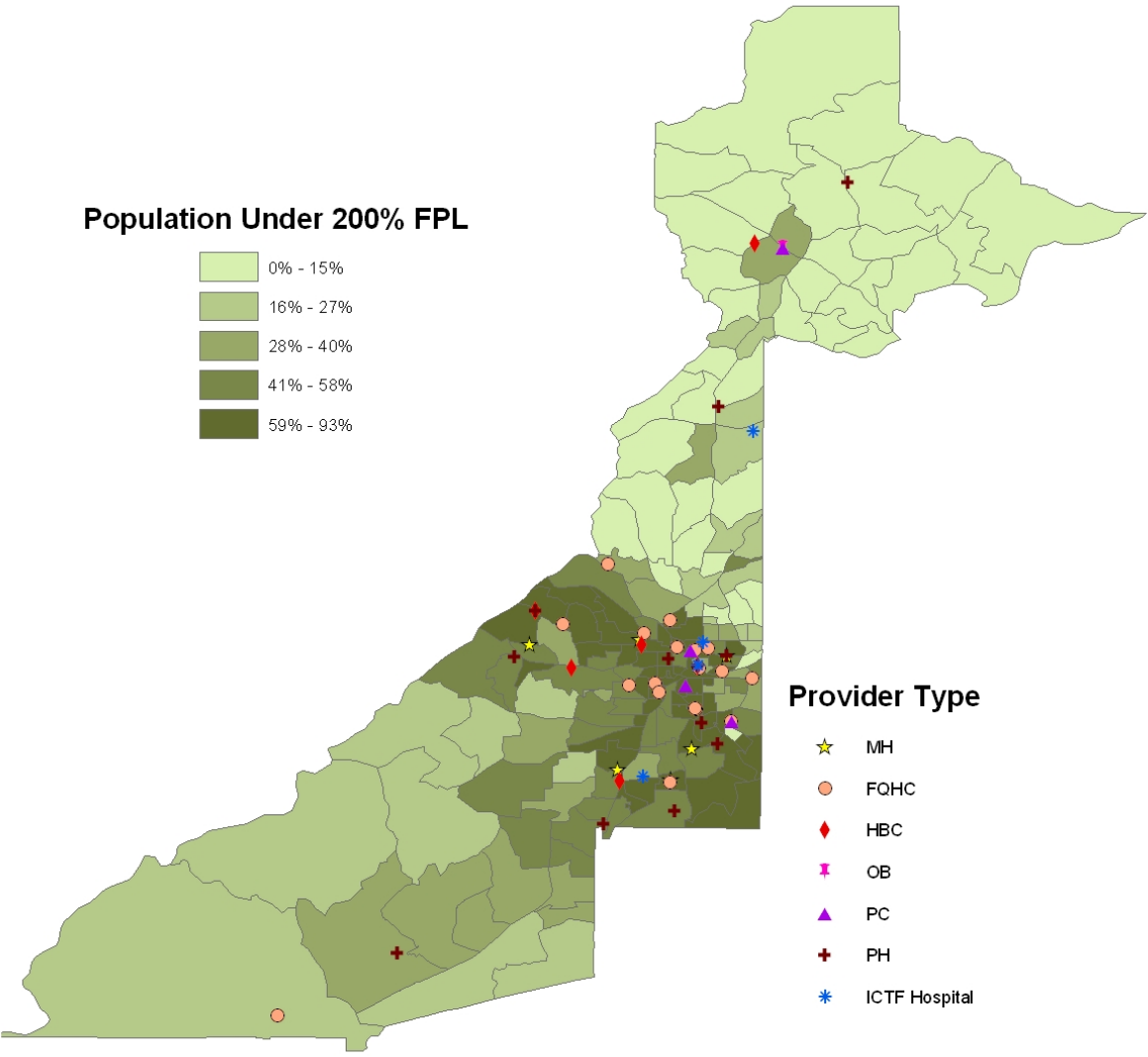
## **PARTNERSHIPS**

Georgia Highlands identifies partnerships with community organizations, the United Way, Forsyth County Mental Health, and Morehouse College. They desire more partnerships for specialty referrals. The Forsyth CSB identifies partnerships with a multitude of community and social service organizations including Family Connection, Legacy Link, law enforcement, and the local schools. They desire more partnerships with primary care providers in order to extend the continuum of care.

## **SUMMARY**

Forsyth County is a growing county that appears to be managing its demand for uninsured primary care visits. The one primary care safety net provider, Georgia Highlands Medical Services, appears to be operating with great efficiency, as it is estimated to be at 152 percent average clinic capacity for the available staff.

# Fulton County Safety Net Providers





## INTRODUCTION

Fulton County, with a population of 884,079 residents, is at the center of the Metropolitan Atlanta area. About 18 percent of the population is uninsured. African-Americans account for 42 percent of residents, and Hispanics comprise eight percent of the population. Twelve percent of Fulton County residents are foreign born, and 15 percent speak a language other than English at home.

## SERVICES

Fulton County, like DeKalb County, has many safety net providers to meet the demand of the uninsured and underinsured. Our research identified 13 providers, with nine being primary care providers. Fulton County safety net providers include four FQHCs, five independent clinics, one hospital-based provider, one public health department, and one mental health provider. This varied group provides primary care, women's care, pediatric care, vision care, dental care, and mental health services.

The Good Samaritan Health Center of Atlanta and Saint Joseph's Mercy Care Services provide all services, including mental health, although mental health services are more limited than those provided through a stand-alone mental health provider. Services for substance abuse are only provided by Fulton County Department of Mental Health and Developmental Disabilities and Southside Medical Center.

*Figure 21: Fulton County Services*

	Good Samaritan Health Center of Atlanta	Saint Joseph's Mercy Care Services (424 Decatur St.)	Saint Joseph's Mercy Care Services (Mobile)	Center for Black Women's Wellness	Fulton County Mental Health Developmental Disabilities	Grant Park Clinic
<b>Provider Type</b>	PC	FQHC	FQHC	PC	MH	PC
<b>Primary Care</b>	Y	Y	Y	Y	N	Y
<b>Women's Care</b>	Y	Y	Y	Y	N	Y
<b>Pediatric Care</b>	Y	Y	Y	N	N	N
<b>Vision</b>	Y	Y	Y	N	N	N
<b>Dental</b>	Y	Y	N	N	N	Y-limited
<b>Mental Health / Substance Abuse</b>	Y/N	Y/N	N/N	N/N	Y/Y	Y-limited/N
<b>Specialist</b>	Y – Cardiologist, neurologist, orthopedics, dentistry, gynecologist,	Y- Case managers for mental health through Saint Joseph's Hospital		Y-internal medicine, dental, vision	Y-Riverwood Georgia Regional, Atlanta Medical Center	N

*Figure 21 Continued: Fulton County Services*

	<b>Fulton County Public Health Department</b>	<b>Grady Neighborhood Health Centers</b>	<b>West End Medical Center</b>	<b>Southside Medical Center</b>	<b>Palmetto Health Council</b>	<b>Clínica de la Mama</b>	<b>Clínica Union</b>
<b>Provider Type</b>	PH	HBC	FQHC	FQHC	FQHC	OB	PC
<b>Primary Care</b>	N	Y	Y	Y	Y	N	Y
<b>Women's Care</b>	Y	Y	Y	Y	Y	Y	Y
<b>Pediatric Care</b>	Some	Y	Y	Y	Y	N	N
<b>Vision</b>	Some	Y	N	Y	N	N	N
<b>Dental</b>	Some	N	Y	Y	N	N	N
<b>Mental Health / Substance Abuse</b>	N/N	N/N	Referral/Referral	N/Y	N/N	N	N/A
<b>Specialist</b>	Y-South Fulton Medical Center, Atlanta Medical Center, Palmetto Medical Associates, Grady Hospital	Y- Internal for all subspecialties	Y- All specialties through referral network, mental health and substance abuse are referred out	Y- Gastroenterology, optometry, urology	Y	N/A	N/A

## **PAYMENT AND ACCESS**

Fulton County providers offer varying levels of access to services. Requirements for proof of residency, proof of income, accepted insurance, payment options, and prescription assistance are factors impacting access.

Only three Fulton County providers require proof of residency. Grant Park Clinic is the only clinic that does not require either proof of residency or proof of income. All others require proof of income. This requirement is for use with sliding fee scales. Six of the providers accept commercial insurance, with the three independent clinics and the public health department being the exceptions. Medicaid is accepted by all reporting providers, although the Grant Park Clinic only accepts it for pregnancy services. Medicare is accepted by all except the Center for Black Women's Wellness. A minimum payment is expected at five providers, while there is no minimum payment at four providers, and a minimum payment is required only for those without proof of income at the Good Samaritan Health Center of Atlanta. All of Saint Joseph's Mercy Care Mobile services are free of charge. No information is available for Clínica de la Mama's payment policies.

There are varying levels of access to prescriptions and medications. Seven providers offer Prescription Assistance Programs. Six of the safety net providers offer free prescription drugs (often from surplus or samples), and five offer prescription drugs at a reduced cost, ranging from \$2 to \$8. Fulton County Public Health Department prescription drugs are available for categorical services only and are included in the cost of the office visit.

Most Fulton County safety net provider locations are accessible by bus or rail.

**Figure 22: Fulton County Payment and Access**

	<b>Good Samaritan Health Center of Atlanta</b>	<b>Saint Joseph's Mercy Care Services</b>	<b>Center for Black Women's Wellness</b>	<b>Fulton County Mental Health Developmental Disabilities</b>	<b>Grant Park Clinic</b>	<b>Fulton County Public Health Department</b>
<b>Proof of Residency/ Income</b>	N/Y	N/Y	Y/Y	N/Y	N/N	Y/Y
<b>Commercial Insurance</b>	N	Y	N	Y	N	N
<b>Medicaid/ PeachCare</b>	Y	Y	Y/N	Y	Y/N – Medicaid only if pregnant	Y/Y
<b>Medicare</b>	Y	Y	N	Y	Y	Y
<b>Sliding Scale</b>	Y	Y	Y (discouraged)	Y	Y	Y
<b>Rx Service</b>	Y	Y	N (limited )	Y	N	Categorical
<b>Minimum Payment</b>	Only without proof of income*	Use sliding scale at 2 stationary clinics, all services at mobile clinics are free	Y	N	N	N
<b>Prescription Assistance Program</b>	Y	Y	Y	Y	N	N
<b>Free/ Reduced Rx</b>	Y/N	Y (at mobile clinic only)/Y (\$4 Rx fee at stationary clinics)	Y/Y (Provide free Rx when they have a surplus to get a patient started)	Y/N	Y/N –Offer free samples when available	Categorical only
<b>Bus or Rail</b>	Y (2 blocks away)	Y (across street)	Y (in front of clinic)	Y	Y	Y

\* First visit without proof of income (POI) is 40 percent of sliding scale. Third time without POI is 100 percent of sliding scale.

*Figure 22 Continued: Fulton County Payment and Access*

	<b>Grady Neighborhood Health Centers</b>	<b>West End Medical Center</b>	<b>Southside Medical Center</b>	<b>Palmetto Health Council</b>	<b>Clínica de la Mama</b>	<b>Clínica Union</b>
<b>Proof of Residency/ Income</b>	Y/Y	N/Y	N/Y	N/Y	N/A	N/A
<b>Commercial Insurance</b>	Y	Y	Y	Y	N/A	N/A
<b>Medicaid/ PeachCare</b>	Y/Y	Y/Y	Y/Y	Y/Y	Y/Y	N/A
<b>Medicare</b>	Y	Y	Y	Y	N/A	N/A
<b>Sliding Scale</b>	Y	Y	Y	Y	Y	N/A
<b>Rx Service</b>	Y	Y	Y	N/A	N/A	N/A
<b>Minimum Payment</b>	N	Y-\$30 (but no one is refused)	Y- \$25 (but no one is refused)	Generally a minimum co-pay for FQHCs	N/A	N/A
<b>Prescription Assistance Program</b>	Y	Y	Y	N/A	N/A	N/A
<b>Free/ Reduced Rx</b>	N/Y (\$2 co-pay for zero pay patients)	N/Y (\$7 Rx filling fee)	Y/Y (\$8 Rx filling fee)	N/A	N/A	N/A
<b>Bus or Rail</b>	Y	Y	Y; Also provide a van at no charge within county	N/A	Y	Y-Some locations, Others Not Available



## CAPACITY

About 18 percent of Fulton County residents are estimated to be uninsured. The number of primary care visits contributed by safety net providers in the most recent reporting period totals 268,658<sup>6</sup>, with an additional 56,221 mental health encounters and 179,392 public health encounters. Several primary care providers (West End Medical Center, Southside Medical Center, and the Center for Black Women’s Wellness) state they have combined capacity for an additional 51,000 annual visits. Fulton County Public Health Department reports having excess capacity of 95,000 patient visits. The Grant Park Clinic indicates they are over their capacity by more than 100 percent. Grady Neighborhood Health Centers – providing approximately 55 percent of all primary care safety net visits – reports that it is at capacity.

The Center for Black Women’s Wellness and the Grant Park Clinic both have limited operating schedules. These providers are often able to schedule patients on the next operating day after the appointment request. Other providers have wait times from between one day to three months for regular visits and generally same day or next operating day for sick visits.

Due to Fulton County’s central location in the Metropolitan Atlanta area, the patients served by county providers are reported to reside in Fulton, Clayton, Cobb, DeKalb, Gwinnett, and other counties. Providing services to individuals outside of Fulton County increases access for the Metropolitan Atlanta area as a whole but poses a challenge in calculating how Fulton County meets the demand of uninsured Fulton residents. Employing the same algorithm used previously, it is estimated that Fulton County’s 169,254 uninsured residents require, on average, 2.25 primary care visits per year, or 380,822 visits total.

---

<sup>6</sup> St. Joseph’s Mercy Care includes stationary and mobile clinic visits and may include a portion of DeKalb County visits.

**Figure 23: Fulton County Capacity**

	<b>Good Samaritan Health Center of Atlanta</b>	<b>Saint Joseph's Mercy Care Services</b>	<b>Saint Joseph's Mercy Care Services (Mobile Clinics)</b>	<b>Center for Black Women's Wellness</b>	<b>Fulton County Mental Health Developmental Disabilities</b>	<b>Grant Park Clinic</b>
<b>Patient Visits*</b>	17,803	24,890 total for all sites	24,890 total for all sites	500	56,221	10,000
<b>Estimated Patient Visit Capacity</b>	17,803	24,890 (total)	24,980 (total)	1,000	56,221	4,400
<b>Weekly Hours</b>	40	42.5-stationary	Varies	16	Take patients in crisis anytime	41.5 (open 6 hours 1 Saturday/month)
<b>FTE Physicians</b>	4	2.6 (stationary)	Varies	0.2	N/A	1
<b>FTE Mid-level Providers</b>	1.5	22.4 (stationary)	Varies	0.4	N/A	1
<b>Regular Office Visit Appointment Wait Time</b>	Y- 60 to 90 days	Y -7 days (medical) to 90 days (other)	N	Y – 7 days *	Y – 0 days	Y – Same day to 1 day
<b>Sick Visit Appointment Wait Time</b>	Y- 0 days	Y - 0 days	N	Y - 7 days*	Y – 0 days	Y – Same day to 1 day
<b>Regular Office Visit Walk In</b>	Y	Y	Y	N	Y -0 days	Y - 1 day
<b>Sick Visit Walk In</b>	Y	Y	Y	N	Y -0 days	Y - 1 day

\*Providers operating part time or on a limited schedule are often able to schedule patients on the next operating day.

*Figure 23 Continued: Fulton County Capacity*

	<b>Fulton County Public Health Department</b>	<b>Grady Neighborhood Health Centers</b>	<b>West End Medical Center</b>	<b>Southside Medical Center</b>	<b>Palmetto Health Council</b>	<b>Clínica de la Mama</b>	<b>Clínica Union</b>
<b>Patient Visits</b>	155,000	148,748	31,718	10,607	24,392	N/A	N/A
<b>Estimated Patient Visit Capacity</b>	250,000	148,745	65,339	23,760	24,392	N/A	N/A
<b>Weekly Hours</b>	40	305	215 (total of 5 Fulton County locations)	160 (total of 3 Fulton County locations)	40	N/A	N/A
<b>FTE Physicians</b>	N/A	30*	15 (includes 3 Dentists)*	8.39*	N/A	N/A	N/A
<b>FTE Mid-level Providers</b>	N/A	8*	27*	7.82*	N/A	N/A	N/A
<b>Regular Office Visit Appointment Wait Time</b>	Y	Y – 21 days	Y -7 days (Pediatrics - 14 days, OB GYN- 21 days, Dental- 90 days)	Y – 1 to 7 days	N/A	N/A	N/A
<b>Sick Visit Appointment Wait Time</b>	Y	Y - 0 to 1 day	Y (Dental emergencies can be seen within 2 days)	Y	N/A	N/A	N/A
<b>Regular Office Visit Walk In</b>	N/A	Y (being reconsidered)	Y	Y	N/A	N/A	N/A
<b>Sick Visit Walk In</b>	N/A	Y	Y	Y	N/A	N/A	N/A

\*Includes providers in all service area counties.

\*\* The number of visits does not include OB/GYN or HIV related primary care. The number of physicians does not include those in residency training programs. Grady is reconsidering accepting walk-ins.

Several providers in Fulton County have multiple service delivery locations. Those having more than one location are noted below.

Provider	Number of Clinics in Fulton County
Fulton County Mental Health Developmental Disabilities	5
Fulton County Public Health Department	12
Grady Neighborhood Health Centers	7
West End Medical Center	4
Southside Medical Center	3

## MUAs, MUPs, AND HPSAs

Fulton County contains the following MUAs, MUPs, and HPSAs:

MUA, MUP: Partial County – Three service areas

HPSA: Fifty-two HPSA designations: Ten designations for Community Health Centers, four for Correctional Institutions, one for other facility, 36 for population groups, and one look-a-like designation.

## INDIGENT CARE TRUST FUND

*Figure 24: Indigent Care Trust Fund Payments 2001 – 2005*

	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
Fulton	\$ 134,145,758	\$ 144,853,112	\$ 137,848,348	\$ 162,884,297	\$ 128,736,663

Source: Georgia Department of Community Health

Four Fulton County hospitals participate in the Indigent Care Trust Fund. From 2001 to 2005, the county experienced a four percent drop in its overall ICTF payments, even while the region experienced an 11 percent increase. In the spring of 2005, Southwest Hospital and Medical Center closed its doors.

## NEEDS

Conversations with safety net providers in Fulton County yield a variety of responses concerning what they perceive to be the needs of their patients. Within Fulton, there are nine providers of primary care services, one mental health service provider, the public health department, and one provider of obstetrics and gynecological services. Patient needs include:

- Access to care including vision care, dental care, and specialty care
- Coordination of care
- Employment
- Health insurance
- Mental health stigma reduction
- Patient education on parenting, child birth, diabetes, hypertension
- Prescription drug access
- Transportation

Providers were also asked about their organizational needs. As with safety net providers in other counties, the need for resources is mentioned frequently.

- Resources to support operations, general needs including expanding services, staff, and facilities
- Infrastructure improvement – physical and information technology
- Mental health services funding

When asked what they feel can be done to improve the care to their patients, providers respond with a variety of ideas. They include:

- Cardiovascular and diabetic care
- National health care
- Electronic medical records and other information technology to support patients
- Comprehensive marketing initiatives to decrease stigma around mental health
- Partnering with Kaiser to provide doctors for referrals and hospital-based care
- Enabling patients to follow healthy lifestyles
- Accepting commercial insurance (Fulton County Department of Health and Wellness)

## PARTNERSHIPS

Fulton County, being central to the Metropolitan Atlanta area, is a prime location for forming partnerships and leveraging resources. All Fulton County providers say they have partnerships, although the Grant Park Clinic's are very limited. Partners mentioned are often other safety net providers. The chart below displays partnerships for each provider we interviewed, as well as the partnerships they do not currently have but would like to have. The partners listed in italics are safety net providers interviewed for this assessment.

Provider	Current Partnerships	Desired Partnerships
<b>Center for Black Women's Wellness</b>	<i>West End Medical Center</i> ; Atlanta Medical Center; South Fulton Medical Center; Georgia State University	Kaiser physicians and hospital
<b>Fulton County Mental Health and Developmental Disabilities</b>	Inner Harbor; Georgia Parent Support Network; Northside Hospital; Atlanta Medical Center; Fulton County Central Library; <i>Fulton County Department of Health and Wellness</i>	None provided
<b>Fulton County Department of Health and Wellness</b>	Atlanta Eye Center; Casey Foundation; <i>Center for Black Women's Wellness</i> ; GA DFCS; G-CAPP; Fulton County Board of Education; Atlanta Public Schools; Department of Juvenile Justice; Baby Think it Over Program; other community-based organizations	None provided
<b>Good Samaritan Health Center of Atlanta</b>	Emory School of Medicine; Physician Asst Program; Medical Imagery of Georgia; Mercer University; Clayton State and College, Georgia Perimeter College; West Central	American Diabetes Association; American Cancer Society; Crawford Long Hospital; non-profits who can meet their patients' needs.
<b>Grady Neighborhood Health Centers</b>	Local health departments; <i>West End Medical Center</i> ; <i>Southside Medical Center</i> ; National Center for Primary Care	Closer relationship with surrounding counties whose residents utilize Grady's services and impact Grady's Neighborhood Health Centers
<b>Grant Park Clinic</b>	None	Any referral sources who are willing to help
<b>Saint Joseph's Mercy Care Services</b>	Partners provide services related to substance abuse recovery, mental health counseling, affordable and transitional housing, case management	Dental and other specialty providers
<b>Southside Medical Center</b>	Vanderbilt Study; train Morehouse residents; Atlanta Medical Center; <i>Clínica de la Mama</i> , <i>DeKalb County Board of Health</i>	State and local governments, Grady Hospital
<b>West End Medical Center</b>	Tenet Hospital; South Fulton Medical Center; Atlanta Medical Center; Morehouse School of Medicine; Cancer Coalition; private physicians for diabetes	Specialty groups that would come to their Center to provide care, especially for mental health

## **SUMMARY**

Fulton County safety net providers serve the uninsured with primary care, dental care, vision care, pediatric care, obstetrics and gynecological care, and mental health services. Fulton County is home to four FQHCs, three independent clinics, and a multi-site hospital-based clinic. In addition, specialty providers for mental health and women's care for Hispanic women support the Fulton County safety net. Most providers offer either discounted prescriptions, free prescription drugs, or use a Prescription Assistance Program to meet their patients' medication needs.

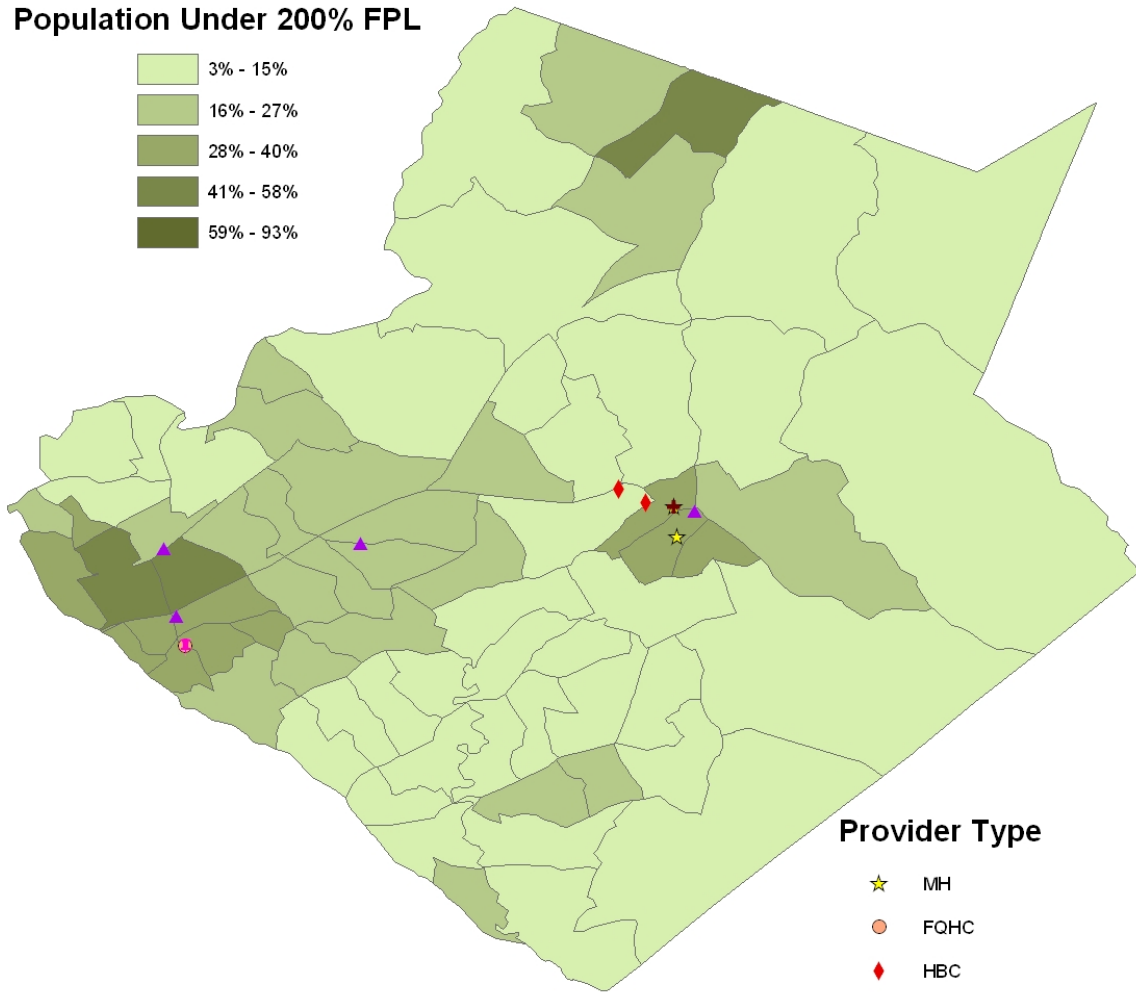
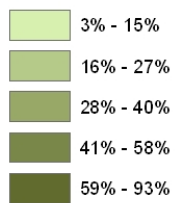
Safety net providers continue to serve more patients with fewer resources. The need for financial resources to improve care to patients through access, technology, and physical infrastructure is consistently cited. The risk of Grady Memorial Hospital's closure threatens the Grady Neighborhood Health Centers and the services they provide.

Of Fulton County's 884,079 residents, 30 percent (265,413) live below 200 percent of the Federal Poverty Level. Fulton County has an estimated uninsured population of 169,254 requiring approximately 380,822 annual primary care visits.

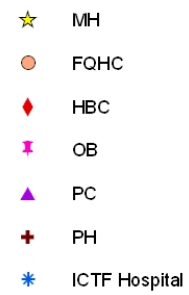
The partnerships cited by safety net providers in Fulton County vary depending on the type and size of the organization. Smaller safety net providers such as the Grant Park Clinic have no formal partnerships but seek referral sources that are willing to help. Other providers such as Saint Joseph's Mercy Care, Good Samaritan Health Center of Atlanta, Southside Medical Center, and West End Medical Center have stronger partnerships with hospitals, specialists, and other providers. There is still a need for partnerships with specialty providers, local and state agencies (public and private), and others able to help meet patients' needs.

# Gwinnett County Safety Net Providers

## Population Under 200% FPL



## Provider Type







## **INTRODUCTION**

Gwinnett County is estimated to be the second most populous county in Georgia, behind Fulton, with 719,398 residents. Seventeen percent of residents (122,298) is uninsured. Gwinnett County is more diverse than other counties. The county is 19 percent African-American and 16 percent Hispanic. Twenty-four percent of the population is foreign born, and 29 percent of the population speaks a foreign language at home. Twenty-three percent of Gwinnett County's residents live below 200 percent of the Federal Poverty Level and 87 percent have a high school degree higher.

## **SERVICES**

Gwinnett County, located in the northeastern part of the Metropolitan Atlanta area, has six safety net providers of primary care services, three specialty providers (substance abuse/mental health, OB/GYN), and the Gwinnett Public Health Department.

Primary care providers includes Southside Medical Center, which is the county's sole safety net provider of the full spectrum of health, vision, dental, and substance abuse services. Clínica de la Mama provides obstetrics and gynecological services to Hispanic women; however, no interview was conducted and only limited information is available. Hebron Community Health Center is an independent clinic which offers primary care services, obstetrics and gynecological services, and a dental clinic. The Miles H. Mason Community Clinic, one of three hospital-based clinics under Gwinnett Medical Center, provides general primary care. Clínica Union provides primary care to the Latino population; however, no interview was conducted and most data are unavailable. Gwinnett Hospital also operates the Kid's Clinic, which provides pediatric care. The Emanuel Foundation operates a primary care clinic at Oakbrook Parkway, but no information is available. The evaluation team was not able to reach the Community Service Board serving Gwinnett County.

Providers generally have little or limited access to specialists for referrals. Those with better access to specialists included Gwinnett Public Health Department, with informal relationships with other clinics and specialty providers; Southside Medical Center, with in-house specialists for gastroenterology, optometry, and urology; and Hebron Community Health Center, with specialists for mammograms, sonograms, lab work, cardiology, and other specialty needs.

*Figure 25: Gwinnett County Services*

	Road to Recovery	Gwinnett Public Health Department	Southside Medical Center	Hebron Community Health Center
<b>Provider Type</b>	MH	PH	FQHC	PC
<b>Primary Care</b>	N	N	Y	Y
<b>Women's Care</b>	N	Y	Y	Y
<b>Pediatric Care</b>	N	N	Y	N
<b>Vision</b>	N	N	Y	N
<b>Dental</b>	N	N	Y	Y
<b>Mental Health/ Substance Abuse</b>	N/Y	N/N	N/Y	N/N
<b>Specialist</b>	N	Y- other clinics, specific providers (informal)	Y- Gastroenterology, optometry, urology	Y –Gwinnett Medical Center - mammograms, sonograms, blood work; private physicians

*Figure 25 Continued: Gwinnett County Services*

	Clínica de la Mama	Clínica Union	Gwinnett Medical Center Kid's Clinic	Gwinnett Medical Center OB/GYN Clinic	Gwinnett Medical Center Miles H. Mason Jr. Community Clinic
<b>Provider Type</b>	OB	PC	HBC	HBC - OB	HBC
<b>Primary Care</b>	N	Y	N	N	Y
<b>Women's Care</b>	Y	Y	N	Y	N
<b>Pediatric Care</b>	N	N/A	Y	N	N
<b>Vision</b>	N	N/A	N	N	N
<b>Dental</b>	N	N/A	N	N	N
<b>Mental Health / Substance Abuse</b>	N/N	N/A	N/N	N/N	N/N
<b>Specialist</b>	N/A	N/A	Y – limited	Y – limited	Y – limited

## **PAYMENT AND ACCESS**

Access to health care safety net services in Gwinnett County requires that the uninsured provide proof of income. With the exception of Southside Medical Center, accessing primary care services also requires that the uninsured furnish proof of residency. This combination may impact uninsured residents' access to needed health care services. Proof of income is required because all providers operate on sliding scale fees. Road to Recovery only requires proof of income if using the sliding scale, and they do not require proof of residency. However, Road to Recovery is a specialty provider of substance abuse and some mental health services rather than a full service primary care provider.

While most providers accept multiple types of insurance and operate on a sliding fee scale, Southside Medical Center is the only provider accepting commercial insurance, Medicaid, PeachCare for Kids, Medicare, and operating on a sliding fee scale. No other provider accepts commercial insurance. Medicaid is accepted by all but the Hebron Community Health Center and the Miles H. Mason Clinic. Both of these clinics operate solely on a sliding fee scale with minimum payments expected. Three providers accept Medicare and five accept PeachCare for Kids.

All six of the primary care providers interviewed operate Prescription Assistance Programs. The Gwinnett Medical Center clinics also have a relationship with a local pharmacy that provides prescription drugs at reduced prices, but they do not provide completely free medications due to a minimal education fee for medications acquired through the program.

Safety net providers are located in areas generally accessible by bus, and Southside Medical Center supplements public transportation access with a van operating within the county. Most providers offer full-time hours and even some Saturday hours to meet the needs of their patients.

**Figure 26: Gwinnett County Payment and Access**

	Road to Recovery	Gwinnett Public Health Department	Southside Medical Center	Hebron Community Health Center
Proof of Residency/ Income	N/N (Yes if sliding scale)	Y/Y	N/Y	Y/Y (only serve subset of Gwinnett)
Commercial Insurance	N	N	Y	N
Medicaid/ PeachCare	Y/N	Y/Y	Y/Y	N/N
Medicare	N	Y	Y	N
Sliding Scale	Y	Y	Y	Y
Rx Service	N	Y - categorical	Y	Y
Minimum Payment	Y-\$30	Y	Y- \$25 (but no one is refused)	Y-\$10 (but no one is refused)
Prescription Assistance Program	N	Y	Y	Y
Free/ Reduced Rx	N	N/Y	Y/Y (\$8 Rx filling fee)	Y/N (use fee to help cover Rx cost)
Bus or Rail	Y	Y	Y; (Also provide van within county)	Y

**Figure 26: Continued Gwinnett County Payment and Access**

	Clínica de la Mama	Clínica Union	Gwinnett Medical Center – Kid’s Clinic	Gwinnett Medical Center –OB/GYN Clinic	Gwinnett Medical Center –Miles H. Mason Jr. Community Clinic
Proof of Residency/ Income	N/A	N/A	Y/Y	Y/Y	Y/Y
Commercial Insurance	N/A	N/A	N	N	N
Medicaid/ PeachCare	Y/Y	N/A	Y/Y	Y/Y	N
Medicare	N/A	N/A	N	Y	N
Sliding Scale	Y	N/A	Y	Y	Y
Rx Service	N/A	N/A	Y	Y	Y
Minimum Payment	N/A	Y-\$45	Y	Y	Y
Prescription Assistance Program	N/A	N/A	Y	Y	Y
Free/ Reduced Rx	N/A	N/A	Y/Y	Y/Y	Y/Y
Bus or Rail	Y (some locations)	N/A	Y	Y	Y

## CAPACITY

The proportion of uninsured residents in Gwinnett County is estimated to be 17 percent. Twenty-three percent of the population lives below 200 percent of the Federal Poverty Level. Based on an estimate of 2.25 primary care visits per year, the minimum number of uninsured primary care visits needed for Gwinnett's health care safety net is 275,170. Gwinnett safety net providers provided 40,344 total primary care visits in their most recent reporting year.

*Figure 27: Gwinnett County Capacity*

	Road to Recovery	Gwinnett Public Health Department	Southside Medical Center	Hebron Community Health Center
Patient Visits	78	2,141-Women's Health; Other Visits were categorical*	7,919 (3,722 uninsured)	660
Estimated Patient Visit Capacity	78	N/A	17,739	660
Weekly Hours	25	132 (3 locations)	349.5 (total of Fulton County locations)	1.5 for Medical; 1.5 for Dental
FTE Physicians	1	N/A	8.39**	0.0375
FTE Mid-level Providers	13	32	7.82**	0.09
Regular Office Visit Appointment Wait Time	Y - 0 Days	N/A	Y – 1 to 7 days	Y/1-2 clinic nights (2 clinic nights for OB/GYN if they want to see the physician)
Sick Visit Appointment Wait Time	Not Applicable	N/A	Y	Y/1-2 clinic nights
Regular Office Visit Walk In	Y – 0 days	N/A	Y	N
Sick Visit Walk In	Not Applicable	N/A	Y	Y (not FCFS)

*Figure 27 Continued : Gwinnett County Capacity*

	<b>Clínica de la Mama</b>	<b>Gwinnett Medical Center - Kid's Clinic</b>	<b>Gwinnett Medical Center - OB/GYN Clinic</b>	<b>Gwinnett Medical Center -Miles H. Mason Jr. Community Clinic</b>
<b>Patient Visits</b>	N/A	28,379	23,784	3,386
<b>Estimated Patient Visit Capacity</b>	N/A	28,201	23,635	3,365
<b>Weekly Hours</b>	N/A	40	40	40
<b>FTE Physicians</b>	N/A	7	5	1
<b>FTE Mid-level Providers</b>	N/A	0	9	0
<b>Regular Office Visit Appointment Wait Time</b>	N/A	Y/0-1 days	Y/28-35 days	Y/3-5 days
<b>Sick Visit Appointment Wait Time</b>	N/A	Y/0-1 days	Y/7-14 days	Y/1-2 days
<b>Regular Office Visit Walk-In</b>	N/A	Y	N	N
<b>Sick Visit Walk In</b>	N/A	Y	N	N

\* Gwinnett County Public Health provided other categorical services for WIC patients, Children's Medical Services, and Babies Can't Wait.

\*\* Includes providers in all service area counties.

## **MUAs, MUPs, AND HPSAs**

Gwinnett County currently contains the following MUAs, MUPs, and HPSAs:

MUA, MUP: Partial County – Requested by the Governor  
HPSA: One HPSA designation for Phillips State Prison/Correctional Institution

## **INDIGENT CARE TRUST FUND**

From 2000 through 2005, no hospitals located in Gwinnett County participated in the Indigent Care Trust Fund.

## **NEEDS**

Safety net providers in Gwinnett County were asked about the needs of their patients and their clinics. Responses are similar to those offered by providers in other counties:

- Accessibility and availability of health care services
- Culturally and linguistically sensitive mental health services

- Quality control in mental health services
- Financial resources and employment
- Health insurance
- Patient education
  - Caring for themselves and their families
  - Proper use of physician's office versus Emergency Department
- Transportation

Safety net providers, when asked about their operational needs, generally offered responses that are consistent with and supportive of the needs of their patients.

Responses included:

- Funding
- Increased operating hours
- Increased staffing
- Physical infrastructure
- Specialty services
- Translation services

In addition to patient and clinic needs, providers were asked what could be done to improve care to the individuals they serve. Again, responses are consistent with needs and are aligned with increased capacity and improved access.

- Increased capacity
  - Larger space to support growth
  - Updated information technology and systems (EMR)
- Improved access
  - Bi-lingual staff
  - Additional staff
  - Transportation
  - More operational hours
  - Offer emergency services
  - Centrally locate all (Gwinnett Medical Center) clinics

Improving the health care safety net in Gwinnett County, according to providers interviewed, might involve an increase in funding to support staffing, physical infrastructure, and hours of operation. Additionally, removing barriers to access such as hours of operation and transportation issues might help safety net providers offer better service to their patients.



## **PARTNERSHIPS**

Four of the Gwinnett health care safety net providers report formal partnerships. The three Gwinnett Medical Center clinics report no formal partnerships. Gwinnett Public Health Department has the most partnerships, including AID Gwinnett, OB/GYN Clinic at Gwinnett Medical Center, Eastside Medical Center, and the Coalition for Health and Human Services. Southside Medical Center partners with the Atlanta Medical Center, Clínica de la Mama, and DeKalb Board of Health. In addition, they are involved in a Vanderbilt University study and provide training to Morehouse College School of Medicine residents. The Road to Recovery, a provider of substance abuse and mental health services partners with the International Family Center and Dia de la Mujer.

The Gwinnett Medical Center does not have any formal partnerships; however, there are several community physicians who donate their time to the Miles H. Mason Clinic. Gwinnett Medical Center also has 'Great Days of Service' campaigns in which volunteer groups donate time, services, and supplies.

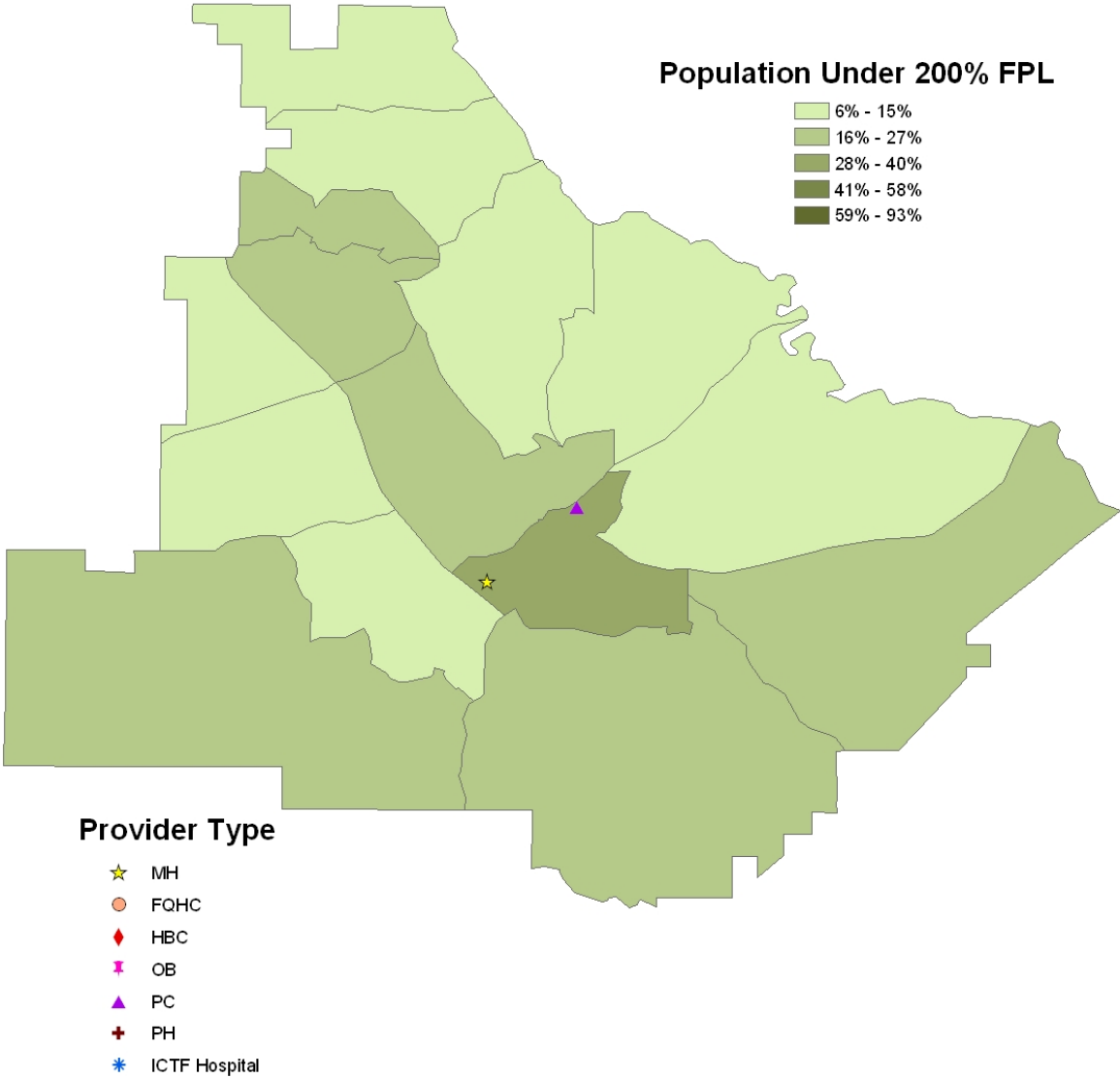
Gwinnett Public Health Department states that a partnership with a primary care clinic for the indigent would be a beneficial partnership. Southside Medical Center considers partnerships with local and state governments as desirable. The Gwinnett Medical Center clinics desire partnerships with community specialty physicians willing to provide services to the underinsured and uninsured.

## **SUMMARY**

Gwinnett County safety net providers offer primary care, dental care, vision care, pediatric care, obstetrics and gynecological care, substance abuse counseling, and some mental health services to the uninsured. Gwinnett County's demographics pose additional access issues for those persons speaking foreign languages. In addition, the requirements for both proof of income and proof of residency serve as barriers to medical care and continuous care for those lacking evidence of either. With the exception of Southside Medical Center, access without both is limited.

Providers recognize the need for patients to have better access to health care services that meet their cultural and linguistic needs. In addition, facilitators of better health, such as employment, insurance, health education, and transportation are identified as needs. Generally, providers say that additional resources for capacity building and operations will allow them to provide better care to the uninsured.

# Henry County Safety Net Providers





## INTRODUCTION

Henry County has the second lowest population of the counties studied, with 166,871 residents, 11 percent (18,356) of which are uninsured. African-Americans represent 27 percent of the population and Hispanics represent four percent of the population. Only five percent are foreign born. Twenty-one percent of the population lives below 200 percent of the Federal Poverty Level and 90 percent have a high school degree or more.

## SERVICES

Henry County has a very limited health care safety net. Aside from one independent clinic, our research identified no other primary care safety net providers. Evaluators were unable to obtain an interview with the county health department.

Hands of Hope Clinic is a small clinic in northeast Henry County that provides primary health care services. There are no safety net providers of women's care, pediatric care, vision care, or dental care. The McIntosh Trail Community Service Board is the only safety net provider of mental health and substance abuse services.

This limited supply of safety net providers means fewer services are available to those who are uninsured. It is also likely that uninsured Henry County residents requiring health care services seek them in other counties.

*Figure 28: Henry County Services*

	<b>McIntosh Trail Community Service Board</b>	<b>Hands of Hope Clinic, Inc.</b>
<b>Provider Type</b>	MH	PC
<b>Primary Care</b>	N	Y
<b>Women's Care</b>	N	N
<b>Pediatric Care</b>	N	N
<b>Vision</b>	N	N
<b>Dental</b>	N	N
<b>Mental Health/ Substance Abuse</b>	Y/Y	N/N
<b>Specialist</b>	Y-residential, hospitalization, long term treatment for substance abuse, Emory	Y-Mt. Zion surgery center, Henry County Radiology, Henry County Board of Health, McIntosh Trail CSB

## **PAYMENT AND ACCESS**

Hands of Hope Clinic requires that patients provide proof of both their residency and income. Since this is a very small, part-time clinic, they only serve Henry County residents. They accept no insurance - public or private - and do not operate on a sliding scale. Occasionally, patients make donations for the services they receive, but no payment is required.

McIntosh Trail CSB accepts all types of public insurance but does not accept commercial insurance. A minimum payment of five dollars is expected per mental health visit or per mental health service (multiple services may be involved in one visit). About 30 percent of McIntosh Trail's patients receive Medicaid. Over 70 percent of child and youth mental health clients are Medicaid clients.

Both Hands of Hope Clinic and McIntosh Trail CSB use local pharmacies to provide prescription drugs at reduced costs. Hands of Hope has negotiated lower prices at one local pharmacy. McIntosh Trail offers a Prescription Assistance Program where patients pay the cost that Henry County pays to participating local pharmacists plus a dispensing fee. At the time of the interview, Hands of Hope Clinic was working to launch a more traditional Prescription Assistance Program. Both Hands of Hope Clinic and McIntosh Trail CSB provide free samples when available.

There is no public transportation system or taxi service in Henry County. McIntosh Trail CSB notes that there is a transportation program run by Henry County for indigent patients (non-Medicaid), but appointments must be made three days in advance.

*Figure 29: Henry County Payment and Access*

	McIntosh Trail Community Service Board	Hands of Hope Clinic, Inc.
<b>Proof of Residency/ Income</b>	Y/N (not formal but try to only see Henry area residents)	Y/Y
<b>Commercial Insurance</b>	N	N
<b>Medicaid/ PeachCare</b>	Y/Y	N/N
<b>Medicare</b>	Y	N
<b>Sliding Scale</b>	Y	N
<b>Rx Service</b>	Y	Y
<b>Minimum Payment</b>	Y	N
<b>Prescription Assistance Program</b>	Y	N
<b>Free/ Reduced Rx</b>	N/Y	Y/Y (negotiated reduced price Rx at local pharmacy, use samples)
<b>Bus or Rail</b>	N	N

## CAPACITY

The demand for services in Henry is compounded by the 21 percent of persons living below 200 percent of the poverty level and the estimated 18,356 persons (11 percent) without insurance. The one primary care provider, Hands of Hope Clinic, is a small, part-time clinic with limited capacity. Based on available data and an estimated 2.25 primary care visits per person per year, the county may need as many as 41,301 uninsured primary care visits per year.

Applying Bureau of Primary Health Care productivity standards for Georgia clinics, we estimate that Henry County's lone primary care safety net provider has a projected annual capacity of 763 primary care visits, demonstrating that the clinic may already be at 114 percent capacity.

*Figure 30: Henry County Capacity*

	McIntosh Trail Community Service Board	Hands of Hope Clinic, Inc.
Patient Visits	10,400	867
Estimated Patient Visit Capacity	10,400	763
Weekly Hours	40	2.5
FTE Physicians	0.3	0.19
FTE Mid-level Providers	8.1	0
Regular Office Visit Appointment Wait Time	Y/ 21 days or 3 days (for hospital discharge patients)	Y/30 days
Sick Visit Appointment Wait Time	Y	Y
Regular Office Visit Walk In	Y	Y
Sick Visit Walk In	Y	Y

## MUAs, MUPs, AND HPSAs

Henry County currently contains the following MUA or MUP:

MUA, MUP: Whole County – Henry County

HPSA: Two HPSA designations: one for Geographic Area (McIntosh Trail) and one for Single County

## INDIGENT CARE TRUST FUND

From 2000 through 2005, there were no hospitals in Henry County that participated in the Indigent Care Trust Fund.

## NEEDS

When asked about patient needs, the two providers targeted factors that speak to the root causes of poor health. One provider identified housing, while the other identified personal income and better opportunities. Outside of root causes, both identify prescription drugs as a need.

The providers identify common clinic needs when asked about their own operations: employee recruitment (especially challenging without eligibility for state benefits), employee retention, better physical plant, cash support for programs, longer clinic

hours, and funding in general. Henry County's providers did not identify resources for new programs as a need but rather resources to continue existing programs.

The providers cite a better physical plant, greater capacity, and new sources of funding as the resources that they believe will most improve patient care.

## **PARTNERSHIPS**

Not surprisingly, the partnerships that exist for Henry County's safety net providers are not as extensive as those located in Atlanta's metropolitan core. The one primary care provider – Hands of Hope Clinic – states it has many partnerships, including local physicians for referral, the Mt. Zion Surgery Center, the Henry County Radiology Center, and the ability to send lab work to the local medical center.

Each provider had different ideas about what types of partnerships are needed in order to help them thrive. McIntosh CSB is interested in individuals in private industry who can assist the CSB with more funding. Hands of Hope Clinic is interested in getting more of the same types of partnerships it already has plus partnerships with drug companies and pharmacists.

## **SUMMARY**

Henry County is limited in its ability to meet the needs of its uninsured citizens. Approximately 21 percent of Henry County residents live below 200 percent of the Federal Poverty Level, and an estimated 12 percent are uninsured. In the most recent reporting year, Henry County's sole safety net provider of primary care services provided 867 patient visits.

Henry County faces additional challenges in that it is fast growing. The entire county is designated as medically underserved, and there are currently no community hospitals participating in the state's Indigent Care Trust Fund. The county also does not have its own FQHC, nor is it served by any branches in contiguous counties. It is likely that uninsured residents needing primary care services seek them in local emergency departments or travel to providers in adjacent counties.



# DISCUSSION

## COMMUNITY CHARACTERISTICS, VARIABLES, AND OUTCOMES

The seven-county Metropolitan Atlanta region in which Kaiser Foundation Health Plan of Georgia Inc. has a physical presence accounts for almost 40 percent of Georgia's population and includes two of its most populous (Fulton and Gwinnett) and fastest growing (Forsyth and Henry) counties. While the metro Atlanta region has a lower rate of uninsurance (about 18 percent) than the rest of the state (21 percent), it includes a disproportionate number of uninsured residents because of the size of its population. The region also tends to be younger and more diverse than the rest of Georgia, with a higher percentage of residents speaking a language other than English at home, and it tends to attract a high percentage of refugees locating to Georgia – particularly in DeKalb County.

The seven counties represent extremes in measures of household income, with as few as six percent (Forsyth and Henry) of households living below 100 percent of the Federal Poverty Level and as many as 15 percent (Fulton). Forsyth County has the smallest proportion of residents with Medicaid claims (five percent), and Clayton County has the highest (21 percent). Fulton and DeKalb Counties are best positioned to serve low income populations with five FQHCs between them, while Clayton and Henry Counties have no FQHCs.

Health care outcomes tend to generally follow resident income and access to primary care services. Clayton, DeKalb, and Fulton Counties have the highest rates of low birth weight babies, and Clayton and Fulton Counties have the highest rates of births with inadequate prenatal care. Fulton, Henry, and Clayton Counties have the highest rates of admissions for ambulatory care sensitive conditions (ACSC) – conditions that can normally be cared for in a primary care. Fulton and Clayton Counties also have the highest rates of emergency room visits by uninsured residents, while Forsyth and Cobb Counties have the highest rates of hospital admissions by the uninsured.

The health care safety net is designed to serve uninsured residents, those who receive Medicare or Medicaid, and those who may be marginalized within the traditional health care system or who have special needs. It is comprised of hospital emergency rooms, hospital-based primary care clinics, Federally Qualified Health Centers, Community Health Centers, independent clinics - including faith-based providers - public health departments, Community Service Boards and other mental health care providers, and hospitals that participate in Georgia's Indigent Care Trust Fund – the program designed to distribute federal disproportionate share hospital dollars. Private

physicians also contribute significant amounts of free care, but their contributions are not systematically documented.

## **SAFETY NET SERVICES**

The locations of the seven-county region's safety net providers are geographically dispersed within each county generally where the highest densities of residents living below 200 percent of poverty reside. However, the availability of services across counties is uneven. Fulton and DeKalb Counties have the highest number of safety net providers, but it appears they attract residents from neighboring counties because of the greater number of services available. Those services range from FQHCs and CHCs to independent and hospital-based clinics and a full service county health department (DeKalb).

Gwinnett and Cobb Counties are each served by branches of FQHCs, but they are based in Fulton County. They are also served by a smaller mix of hospital-based and independent clinics. Public health in these counties tend to provide categorical services rather than the full range of primary care, with the exception of some pediatric care in Cobb County. Forsyth County is served by an FQHC and a Community Service Board. Clayton and Henry Counties appear to have the least resources available. Clayton is served by a public health department, an independent mental health clinic, and one single-physician, faith-based primary care provider. Henry County has a Community Service Board and a single faith-based clinic.

## **SAFETY NET PAYMENT AND ACCESS**

The safety net providers in the seven-county region make their services available according to a variety of measures. All but eight of 35 providers require proof of income. Those that require proof of income most often offer reduced payment for services based on a sliding fee scale. Most providers state that if the patient cannot pay the required minimum, they will not be turned away. Faith-based clinics are the only clinics where no payment is expected, though donations are accepted. Whether or not a provider accepts commercial insurance or Medicaid, Medicare, or PeachCare largely depends on the clinic's size and mission. All of the hospital-based clinics, FQHCs, and CHCs accept all forms of payment. Community Service Boards and health departments are mixed in the forms of payment they accept. Only one faith based provider – Good Samaritan – accepts all forms of payment. There is no discernable pattern as to whether or not a provider requires proof of residency. About half require proof of residency and half do not. Form of payment or public support does not appear to determine whether or not a provider requires proof of residency.

While each provider offers a mix of primary and specialty health care services – some a full range and others only one, such as mental health – most attempt to provide some form of prescription assistance. The most common form of assistance is matching patient needs to donated physician samples. Even the smallest clinics appear able to offer prescription drugs in this manner. Some allocate resources to the purchase of a limited formulary of basic medications that they provide either free or for a minimal charge. Many operate Prescription Assistance Programs in partnership with pharmaceutical manufacturers. While these programs tend to link a patient to a steady supply of needed medications, the operations of such programs by individual clinics require significant resources.

Physical access to safety net providers is dictated by the availability of public transportation. Fulton and DeKalb Counties are served by MARTA, and most safety net providers are located along a bus or rail route in those counties. Providers in Gwinnett and Cobb Counties are located along limited service bus routes, while some providers in Clayton and Forsyth Counties are located along limited service bus routes and some are not. Providers in Henry County are served by a limited public transportation system, but no taxi service available.

## **SAFETY NET CAPACITY**

Measuring the capacity of safety net providers is a challenge for several reasons. First, safety net providers usually are focused on their mission of providing service to patients. Resources available to accurately track patient demographics, payment sources, and other information can be limited. For example, most providers report patient visits in the aggregate, without regard to payment source. Each provider's payer mix determines how much capacity remains for uninsured visits. Second, while better-funded providers have full-time staffs, many smaller providers rely on volunteer physician, nurse, and other health care professional support. These smaller providers often do not know prior to the evening of the clinic how many mid-level providers they will have available to open their clinics. Third, uninsured individuals tend to put off obtaining primary care. When they present with an illness, their conditions are usually more severe than an insured individual, and they often have co-morbid conditions due to lack of regular primary care. This makes the task of translating provider resources (FTEs) into productivity standards problematic. Finally, most safety net providers have limited hours. Larger clinics tend to be open during regular business hours and even during weekend hours, while smaller providers tend to be open very limited hours during the week – usually in the evening to accommodate the working poor.

One measure used to estimate county-level provider capacity is provider productivity. The Bureau of Primary Health Care reported in 2001 that the productivity level of a Georgia Community Health Center physician and mid-level provider was 4,090 visits per year. These productivity standards are applied to the number of full-time physician and mid-level providers in each county (not including mental health providers) to attempt to achieve an estimate of capacity. Unfortunately, some providers with clinics in multiple counties provide FTE figures in the aggregate. For this reason, county-level provider capacity estimates are not calculated for Cobb, DeKalb, Fulton, and Gwinnett Counties. Estimates for the remaining counties are listed below:

Clayton:	149% capacity
Forsyth:	152% capacity
Henry:	112% capacity

These figures demonstrate that of the counties that can be calculated, none has any excess capacity to absorb more uninsured residents into their systems. It should also be noted that Grady Neighborhood Health Centers in Fulton and DeKalb Counties provide approximately 55 percent of each county's capacity of primary care safety net visits. With the current financial condition of Grady Memorial Hospital in question, the ability of the Health Centers to provide the same services in the future might be compromised.

## **OTHER RESOURCES**

Many of the seven counties are designated by the Bureau of Primary Health Care as either being a medically underserved area (MUA), having a medically underserved population (MUP), or being a Health Professional Shortage Area (HPSA). Such a designation is one of the initial steps of establishing an FQHC. Of those counties that have one of these designations, only Henry County is not served by either an FQHC or a CHC. Clayton County carries none of the designations.

Georgia's Indigent Care Trust Fund (ICTF) is the mechanism by which federal disproportionate share hospital dollars are distributed to hospitals that serve a disproportionate number of uninsured residents or recipients of Medicaid. Forsyth, Gwinnett, and Henry Counties do not have any hospitals that participate in the ICTF. Clayton and Cobb Counties began participating only in 2005. DeKalb and Fulton County hospitals have participated for many years. Over the past five years, DeKalb County's five participating hospitals experienced a 225 percent increase in the amount of ICTF dollars returned to DeKalb hospitals. Fulton County hospitals, however, experienced a four percent drop in overall distributions from the ICTF.

As mentioned in the introduction, Georgia hospitals no longer are required to allocate 15 percent of their gross ICTF payments to community-based primary care, potentially placing programs designed for indigent patients at risk. Additionally, potential changes imposed by CMS may disallow participation in the ICTF any hospital that is not affiliated with a local government. Those hospitals that may be affected by such a policy change include:

DeKalb: Children's Health Care of Atlanta (Egleston and Scottish Rite), Emory Dunwoody

Fulton: Crawford Long, South Fulton Medical Center

Losing participation in the ICTF will have a direct affect on hospitals' abilities to care for the uninsured.

## NEEDS

Providers in all counties were asked what they believed were the greatest needs of their patients, the greatest needs of their clinic or organization, and what they thought was the one thing they believed would improve care to their patients. Responses varied, but common themes did emerge.

- Prescription drugs and resources to manage Prescription Assistance Programs
- Transportation
- Employment
- Access to specialist referrals
- Access to the mainstream health care system
- Culturally and linguistically appropriate services
- Dental care, including restorative care
- Housing
- Health education

Responses differed by provider type. Mental health providers and those providers that serve a more transient population place greater emphasis on employment and housing. Smaller providers tend to need greater access to specialist referrals, while most providers state that prescription drug access and transportation services are both high priorities.

All providers mention funding as the number one need of their operations, being very specific that they seek funding to support existing programs rather than to establish new programs. Better physical plant is the second most frequently cited clinic need. Some of the providers interviewed work out of facilities that are not intended to be health care facilities. One faith-based provider works out of a small, formerly residential cottage, and another occupies a church's multi-purpose room one evening per week. Staffing – both paid and volunteer - is the third most frequently cited operational need. To summarize, providers' own needs are somewhat basic: financial support for current programs, better facilities, and more staffing.

When providers were asked what one thing would do the most to improve care for their patients, the most commonly cited response is information technology, including an electronic medical record or patient management software. Greater capacity within each clinic is mentioned second, and transportation is mentioned third.

## **PARTNERSHIPS**

Each provider interviewed cites various partnerships they have been able to establish in order to expand or coordinate the services they offer. Even the smallest clinics appear able to outreach to larger organizations that might help to extend their missions. While several providers think it would be advantageous to network with other safety net providers in order to refer patients back and forth for services they cannot provide themselves, larger providers tend to be concerned that they might get too many referrals of uninsured patients, thereby hindering their ability to provide comprehensive services to all the patients in their clinics.

Each provider also discussed partnerships they thought could enhance the level of care they provide. Overwhelmingly, safety net providers desire partnerships with additional physicians and specialty providers in order to extend their patients' continuum of care. Several providers seek partnerships with state and local governments to work together to care for the growing number of uninsured residents. Additional, desirable partnerships include those with other non-profit organizations, drug companies, and other primary care clinics.

## **FINAL OBSERVATIONS**

Improvement of the seven-county region's health care safety net may be facilitated by focusing on particular safety net variables, characteristics, or outcomes that are distinguished across the counties. The following observations are based on the data and information collected and analyzed throughout this process and are offered so that decision makers might understand differences.

Clayton County has the highest percentage of children. Gwinnett County has the highest proportion of working age adults, and DeKalb County has the highest proportion of elderly residents. Clayton County has the most racially and ethnically diverse population. Gwinnett County has the highest percentage of residents who speak a language other than English in the home. Clayton and Henry Counties have the highest percentage of residents with disabilities. Fulton County has the highest percentage of college graduates.

Clayton County appears to have the highest percentage of residents who live below 200 percent of the Federal Poverty Level and the highest percentage of residents who are uninsured. Clayton County also has the lowest median household income and the highest percentage of residents who had Medicaid claims in 2004.

Clayton County has the lowest ratio of family practice physicians per 100,000 adults, and Forsyth County has the lowest ratio of OB/GYNs per 100,000 women, but both have the lowest ratio of pediatricians per 100,000 children. Clayton and Henry Counties are the only counties in the seven-county area that are not served by an FQHC.

Clayton County has the highest percentage of low birth weight babies and the highest percentage of babies born with inadequate prenatal care. Clayton and Fulton Counties have the highest rates of emergency department visits by uninsured residents, Fulton County has the highest rate of hospital admissions for ambulatory care sensitive conditions, and Forsyth County has the highest rate of uninsured discharges.

It appears Clayton and Henry Counties have the least ability to meet the estimated primary care needs of uninsured residents, and of the counties we could estimate physician and mid-level provider capacity (Clayton, Henry, and Forsyth), all are currently operating beyond state productivity norms. In spite of its apparent need, Clayton County is the only county in the seven-county area that is not designated as an MUA, MUP, or HPSA. Forsyth, Gwinnett, and Henry Counties do not have any hospitals that participate in the Indigent Care Trust Fund. Five hospitals in DeKalb and Fulton Counties are at risk of no longer being able to participate in the ICTF.

Most safety net providers have well established partnerships, but all would like more or different ones. The single most frequently cited desirable partnership is one with physicians and specialists to whom safety net providers can refer patients for follow-up care. Beyond sources to whom patients can be referred, providers state that the greatest gaps in patient need are prescription drugs and transportation to services.

# APPENDIX A

## SELF-REPORTED HOSPITAL INDIGENT AND CHARITY CARE 1998 - 2004

<u>County</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Growth 1998 - 2004</u>
Clayton	\$ 8,529,000	\$ 8,295,706	\$ 10,344,694	\$ 12,291,620	\$ 12,333,217	\$ 12,585,845	\$ 16,201,322	90%
Cobb	\$ 16,555,132	\$ 17,481,811	\$ 18,176,779	\$ 20,577,251	\$ 30,604,769	\$ 41,491,001	\$ 56,833,827	243%
DeKalb	\$ 29,255,088	\$ 32,643,490	\$ 38,760,625	\$ 41,161,918	\$ 33,615,279	\$ 46,819,239	\$ 35,351,860	21%
Forsyth	\$ 603,443	\$ 635,088	\$ 1,154,221	\$ 1,269,117	\$ 1,528,721	\$ 3,176,999	\$ 5,046,034	736%
Fulton	\$ 284,210,357	\$ 271,231,071	\$ 304,199,925	\$ 352,713,379	\$ 348,522,993	\$ 429,102,599	\$ 398,313,973	40%
Gwinnett	\$ 25,219,308	\$ 19,312,335	\$ 22,277,073	\$ 27,670,770	\$ 29,099,701	\$ 38,772,968	\$ 41,049,994	63%
Henry	\$ 4,845,603	\$ 6,082,265	\$ 6,278,582	\$ 6,364,451	\$ 7,364,977	\$ 7,369,595	\$ 9,538,246	97%
Region Total	\$ 369,219,929	\$ 355,683,765	\$ 401,193,899	\$ 462,050,507	\$ 463,071,659	\$ 579,320,249	\$ 562,337,260	52%
State	\$ 732,338,220	\$ 756,563,908	\$ 831,187,027	\$ 948,455,641	\$ 1,027,287,329	\$ 1,195,436,212	\$ 1,221,164,760	67%
Region/State Ratio	50%	47%	48%	49%	45%	48%	46%	-9%

Source: Georgia Department of Community Health

As shown above, reported indigent and charity care increased more dramatically in some counties (Cobb, Forsyth, Henry), while other counties (DeKalb, Fulton) witnessed slower growth rates in indigent and charity care. The seven-county region experienced a nine percent decrease in its ratio of total indigent and charity care reimbursement within the state even as the region total increased 52 percent. This might be caused by closures of hospitals previously providing indigent and charity care or existing hospitals within the seven-county region providing less indigent and charity care in comparison to their hospital peers outside the region.



# APPENDIX A CONTINUED

## INDIGENT CARE TRUST FUND PAYMENTS 2001 – 2005

<u>Hospital</u>	<u>County</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>At Risk?</u>	
CHOA Egleston	DeKalb	\$ 5,060,251	\$ 7,506,094	\$ 5,470,802	\$ 6,409,043	\$ 3,001,919	Yes	
CHOA Scottish Rite	DeKalb	\$ 593,010	\$ 2,190,087	\$ 2,056,335	\$ 2,408,996	\$ 5,186,960	Yes	
Crawford Long	Fulton	\$ 3,060,442	\$ 4,159,336	\$ 1,585,927	\$ 2,946,070	\$ 5,045,048	Yes	
DeKalb Medical	DeKalb	\$ -	\$ 5,774,869	\$ 4,595,025	\$ 2,691,536	\$ 8,775,522	No	
Emory Dunwoody	DeKalb	\$ -	\$ -	\$ 442,485	\$ 518,371	\$ 1,457,004	Yes	
Grady Memorial	Fulton	\$ 124,076,321	\$ 132,173,434	\$ 128,984,102	\$ 151,104,843	\$ 119,097,424	No	
Hughes Spalding	Fulton	\$ 3,278,680	\$ 4,808,875	\$ 3,627,524	\$ 4,249,644	\$ 2,695,681	No	
South Fulton Medical Center	Fulton	\$ 2,694,057	\$ 2,537,926	\$ 2,995,185	\$ 3,461,998	\$ 453,089	Yes	
Southern Regional Medical Center	Clayton	\$ -	\$ -	\$ -	\$ -	\$ 6,377,102	No	
Wellstar Cobb	Cobb	\$ -	\$ -	\$ -	\$ -	\$ 2,266,845	No	
	Region	\$ 139,799,019	\$ 160,324,162	\$ 150,412,995	\$ 174,912,243	\$ 155,802,015	11%	Growth
	State	\$ 365,345,800	\$ 433,763,235	\$ 366,149,330	\$ 423,926,106	\$ 419,237,251	15%	Growth
	Region/State	38%	37%	41%	41%	37%		

Source: Georgia Department of Community Health

\*Emory Dunwoody Medical center closed in December 2006.

## APPENDIX B: COUNTY STATISTICS

### CLAYTON COUNTY

<b>Individual Characteristics</b>	
Total Population	264,231
Percent Population Age 0 - 17	30%
Percent Population Age 65+	6%
Percent Population African-American	62%
Percent Population Hispanic	11%
Percent Population Speaking Language other than English at home	17%
Percent Foreign Born	14%
Percent Disabled	13%
Percent with High School or Higher	84%
Percent with Bachelor's Degree or Higher	18%
<b>Community-level Variables</b>	
Percent Uninsured - CPS	21%
Percent Population Below 100% Federal Poverty Level	14%
Percent Population Below 200% Federal Poverty Level	38%
Median Household Income	\$39,511
Percent Population with Medicaid Claims	21%
Pediatrician Supply per 100,000 Children	13
Family Practice Physician Supply per 100,000 Adults	14
OB/GYN Supply per 100,000 Women	8
Number of Community Health Centers	0
Number of Federally Qualified Health Centers	0
<b>Health Care Access and Outcomes</b>	
Percent Low Birth Weight	11%
Percent Inadequate Prenatal Care	9%
Percent Preterm Births	13%
Hospital Admissions for Ambulatory Care Sensitive Conditions	17%
Emergency Department Visits by Uninsured Individuals	27%
Percent Uninsured Discharges	6%

## COBB COUNTY

<b>Individual Characteristics</b>	
Total Population	653,715
Percent Population Age 0 - 17	26%
Percent Population Age 65+	8%
Percent Population African-American	22%
Percent Population Hispanic	11%
Percent Population Speaking Language other than English at home	18%
Percent Foreign Born	16%
Percent Disabled	9%
Percent with High School or Higher	90%
Percent with Bachelor's Degree or Higher	45%
<b>Community-level Variables</b>	
Percent Uninsured	19%
Percent Population Below 100% Federal Poverty Level	8%
Percent Population Below 200% Federal Poverty Level	21%
Median Household Income	\$52,936
Percent Population Covered with Medicaid Claims	10%
Pediatrician Supply per 100,000 Children	18
Family Practice Physician Supply per 100,000 Adults	17
OB/GYN Supply per 100,000 Women	12
Number of Federally Qualified Health Centers	2
<b>Health Care Access and Outcomes</b>	
Percent Low Birth Weight	8%
Percent Inadequate Prenatal Care	3%
Percent Preterm Births	12%
Hospital Admissions for Ambulatory Care Sensitive Conditions (ACSC)	15%
Emergency Department Visits by Uninsured Individuals	19%
Percent Uninsured Discharges	7%

## DEKALB COUNTY

<b>Individual Characteristics</b>	
Total Population	662,973
Percent Population Age 0 – 17	25%
Percent Population Age 65+	8%
Percent Population African-American	55%
Percent Population Hispanic	9%
Percent Population Speaking Language other than English at home	17%
Percent Foreign Born	16%
Percent Disabled	11%
Percent with High School or Higher	88%
Percent with Bachelor's Degree or Higher	38%
<b>Community-level Variables</b>	
Percent Uninsured	21%
Percent Population Below 100% Federal Poverty Level	16%
Percent Population Below 200% Federal Poverty Level	33%
Median Household Income	\$44,965
Percent Population with Medicaid Claims	16%
Pediatrician Supply per 100,000 Children	33
Family Practice Physician Supply per 100,000 Adults	23
OB/GYN Supply per 100,000 Women	13
Number of Federally Qualified Health Centers	3
<b>Health Care Access and Outcomes</b>	
Percent Low Birth Weight	11%
Percent Inadequate Prenatal Care	6%
Percent Preterm Births	14%
Hospital Admissions for Ambulatory Care Sensitive Conditions (ACSC)	18%
Emergency Department Visits by Uninsured Individuals	10%
Percent Uninsured Discharges	2%

## FORSYTH COUNTY

<b>Individual Characteristics</b>	
Total Population	139,501
Percent Population Age 0 - 17	27%
Percent Population Age 65+	7%
Percent Population African-American	2%
Percent Population Hispanic	8%
Percent Population Speaking Language other than English at home	12%
Percent Foreign Born	10%
Percent Disabled	8%
Percent with High School or Higher	90%
Percent with Bachelor's Degree or Higher	44%
<b>Community-level Variables</b>	
Percent Uninsured	12%
Percent Population Below 100% Federal Poverty Level	6%
Percent Population Below 200% Federal Poverty Level	13%
Median Household Income	\$75,679
Percent Population with Medicaid Claims	5%
Pediatrician Supply per 100,000 Children	13
Family Practice Physician Supply per 100,000 Adults	21
OB/GYN Supply per 100,000 Women	2
Number of Federally Qualified Health Centers	1
<b>Health Care Access and Outcomes</b>	
Percent Low Birth Weight	7%
Percent Inadequate Prenatal Care	2%
Percent Preterm Births	11%
Hospital Admissions for Ambulatory Care Sensitive Conditions (ACSC)	15%
Emergency Department Visits by Uninsured Individuals	23%
Percent Uninsured Discharges	9%

## FULTON COUNTY

<b>Individual Characteristics</b>	
Total Population	884,079
Percent Population Age 0 – 17	26%
Percent Population Age 65+	7%
Percent Population African-American	42%
Percent Population Hispanic	8%
Percent Population Speaking Language other than English at home	15%
Percent Foreign Born	12%
Percent Disabled	10%
Percent with High School or Higher	87%
Percent with Bachelor's Degree or Higher	44%
<b>Community-level Variables</b>	
Percent Uninsured	18%
Percent Population Below 100% Federal Poverty Level	15%
Percent Population Below 200% Federal Poverty Level	30%
Median Household Income	\$45,819
Percent Population with Medicaid Claims	17%
Pediatrician Supply per 100,000 Children	40
Family Practice Physician Supply per 100,000 Adults	27
OB/GYN Supply per 100,000 Women	34
Number of Community Health Centers	4
<b>Health Care Access and Outcomes</b>	
Percent Low Birth Weight	11%
Percent No or Late Prenatal Care	7%
Percent Preterm Births	15%
Hospital Admissions for Ambulatory Care Sensitive Conditions (ACSC)	19%
Emergency Department Visits by Uninsured Individuals	27%
Percent Uninsured Discharges	6%

## GWINNETT COUNTY

<b>Individual Characteristics</b>	
Total Population	719,398
Percent Population Age 0 - 17	28%
Percent Population Age 65+	6%
Percent Population African-American	19%
Percent Population Hispanic	16%
Percent Population Speaking Language other than English at home	29%
Percent Foreign Born	24%
Percent Disabled	22%
Percent with High School or Higher	87%
Percent with Bachelor's Degree or Higher	34%
<b>Community-level Variables</b>	
Percent Uninsured	17%
Percent Population Below 100% Federal Poverty Level	7%
Percent Population Below 200% Federal Poverty Level	23%
Median Household Income	\$56,395
Percent Population with Medicaid Claims	11%
Pediatrician Supply per 100,000 Children	18
Family Practice Physician Supply per 100,000 Adults	19
OB/GYN Supply per 100,000 Women	9
Number of Federally Qualified Health Centers	1
<b>Health Care Access and Outcomes</b>	
Percent Low Birth Weight	8%
Percent No or Late Prenatal Care	5%
Percent Preterm Births	11%
Hospital Admissions for Ambulatory Care Sensitive Conditions (ACSC)	14%
Emergency Department Visits by Uninsured Individuals	23%
Percent Uninsured Discharges	4%

## HENRY COUNTY

<b>Individual Characteristics</b>	
Total Population	166,871
Percent Population Age 0 - 17	28%
Percent Population Age 65+	6%
Percent Population African-American	27%
Percent Population Hispanic	4%
Percent Population Speaking Language other than English at home	N/A
Percent Foreign Born	5%
Percent Disabled	12%
Percent with High School or Higher	90%
Percent with bachelor's Degree or Higher	23%
<b>Community-level Variables</b>	
Percent Uninsured	11%
Percent Population Below 100% Federal Poverty Level	6%
Percent Population Below 200% Federal Poverty Level	21%
Median Household Income	\$62,437
Percent Population with Medicaid Claims	11%
Pediatrician Supply per 100,000 Children	14
Family Practice Physician Supply per 100,000 Adults	22
OB/GYN Supply per 100,000 Women	9
Number of Federally Qualified Health Centers	0
<b>Health Care Access and Outcomes</b>	
Percent Low Birth Weight	9%
Percent No or Late Prenatal Care	6%
Percent Preterm Births	14%
Hospital Admissions for Ambulatory Care Sensitive Conditions (ACSC)	17%
Emergency Department Visits by Uninsured Individuals	0.2%
Percent Uninsured Discharges	0.1%



## APPENDIX C: PROVIDERS SURVEYED OR INTERVIEWED

<u>Provider Name</u>	<u>County</u>	<u>Location</u>	<u>ZIP Code</u>
Center for Black Women's Wellness	Fulton	477 Windsor Street, Atlanta, GA 30312	30312
Clayton Board of Health	Clayton	1117 Battle Creek Road, Jonesboro, GA 30236	30236
Cobb Community Service Board	Cobb	3830 South Cobb Drive, Smyrna, GA 30080	30080
Cobb County Public Health	Cobb	1650 County Services Parkway, Marietta, GA 30008	30008
Cobb County Public Health	Cobb	4938 Lower Roswell Road, Marietta, GA 30068	30068
Cobb County Public Health	Cobb	3830 South Cobb Drive, Smyrna, GA 30080	30080
Cobb County Public Health	Cobb	1861 Teasley Drive, Smyrna, GA 30080	30080
Cobb County Public Health	Cobb	4489 Acworth Industrial Drive, Acworth, GA 30101	30101
Cobb County Public Health	Cobb	875 Six Flags Drive, Austell, GA 30186	30186
DeKalb Community Service Board	DeKalb	445 Winn Way, Decatur, GA 30033	30033
DeKalb County Board of Health	DeKalb	440 Winn Way, Decatur, GA 30030	30030
DeKalb County Board of Health	DeKalb	445 Winn Way, Decatur, GA 30033	30033
DeKalb County Board of Health	DeKalb	3110 Clifton Springs Road, Decatur, GA 30034	30034
DeKalb County Board of Health	DeKalb	2277 S. Stone Mountain-Lithonia Road, Lithonia, GA 30058	30058
DeKalb County Board of Health	DeKalb	30 Warren Street, Atlanta, GA 30317-Dental	30317
Fulton County Mental Health Developmental Disabilities and Addictive Diseases	Fulton	265 Boulevard, Atlanta, GA 30312	30312
Fulton County Mental Health Developmental Disabilities and Addictive Diseases	Fulton	215 Lakewood Way, Atlanta, GA 30315	30315
Fulton County Mental Health Developmental Disabilities and Addictive Diseases	Fulton	2799 Metropolitan Parkway, Atlanta, GA 30315	30315
Fulton County Mental Health Developmental Disabilities and Addictive Diseases	Fulton	1249 Bankhead Highway, NW, Atlanta, GA 30318	30318
Fulton County Mental Health Developmental Disabilities and Addictive Diseases	Fulton	475 Fairburn Road, Atlanta, GA 30331	30331
Fulton County Mental Health Developmental Disabilities and Addictive Diseases	Fulton	1636 Connally Drive, East Point, GA 30344	30344
Fulton County Public Health	Fulton	2260 Old Milton Parkway, Alpharetta, GA 30004	30004
Fulton County Public Health	Fulton	95 Malone Street, Fairburn, GA 30213	30213
Fulton County Public Health	Fulton	99 Jesse Hill Jr. Drive, SE, Atlanta, GA 30303	30303
Fulton County Public Health	Fulton	186 Sunset Avenue, NW, Atlanta, GA 30314	30314
Fulton County Public Health	Fulton	265 Boulevard, NE, Atlanta, GA 30314	30314

Fulton County Public Health	Fulton	1853 Jonesboro Road SE, Atlanta, GA 30315	30315
Fulton County Public Health	Fulton	1225 Capital Avenue, SW, Atlanta, GA 30315	30315
Fulton County Public Health	Fulton	3201 Atlanta Industrial Parkway, Atlanta, GA 30318	30318
Fulton County Public Health	Fulton	330 Johnson Ferry Road, NE, Atlanta, GA 30328	30328
Fulton County Public Health	Fulton	3699 Bakers Ferry Road, SW, Atlanta, GA 30331	30331
Fulton County Public Health	Fulton	1920 John E. Wesley Avenue, College Park, GA 30337	30337
Fulton County Public Health	Fulton	3444 Claire Drive, Hapeville, GA 30354	30354
Georgia Highlands Medical Services	Forsyth	260 Elm Street, Cumming	30028
Georgia Mountains Community Service Board	Forsyth	125 North Corners Parkway, Cumming, GA 30040	30040
Georgia Mountains Community Service Board	Forsyth	5110 Piney Grove Road, Cumming, GA 30040	30040
Good Samaritan Health Center of Atlanta	Fulton	239 Alexander Street, Atlanta, GA 30313	30313
Good Shepherd Clinic	Clayton	6392 Murphy Drive, Morrow, GA 30260	30260
Grady Neighborhood Health Center	DeKalb	2626 Rainbow Way, SE Decatur, GA 30034	30034
Grady Neighborhood Health Center	DeKalb	30 Warren Street, SE, Atlanta, GA 30317	30317
Grady Neighborhood Health Center	Fulton	1143 Alpharetta Street, Roswell 30075	30075
Grady Neighborhood Health Center	Fulton	80 Jesse Hill Jr. Drive SE, Atlanta, GA 30303	30303
Grady Neighborhood Health Center	Fulton	2600 Martin Luther King Jr. Drive, SW, Atlanta, GA 30311	30311
Grady Neighborhood Health Center	Fulton	1247 Donald Lee Hollowell Parkway, NW, Atlanta, GA 30318	30318
Grady Neighborhood Health Center	Fulton	6000 North Terminal Parkway, Atlanta, GA 30320	30320
Grady Neighborhood Health Center	DeKalb	2695 Buford Highway, Atlanta, GA 30324	30324
Grady Neighborhood Health Center	Fulton	3201 Atlanta Industrial Parkway, Atlanta, GA 30331	30331
Grady Neighborhood Health Center	DeKalb	3807 Clairmont Road, NE, Chamblee, 30341	30341
Grady Neighborhood Health Center	Fulton	1595 West Cleveland Avenue, East Point, GA 30344	30344
Grant Park Clinic	Fulton	1340 Boulevard, SE, Atlanta, GA 30315	30315-3016
Gwinnett County Public Health	Gwinnett	324 West Pike Street, Lawrenceville, GA 30045	30045
Gwinnett Hospital System-Kid's Clinic	Gwinnett	555 Old Norcross Rd, Suite 210, Lawrenceville	30045
Gwinnett Hospital System-Miles H. Mason Jr. Community Clinic	Gwinnett	1000 Medical Center Boulevard	30045
Gwinnett Hospital System-OB-	Gwinnett	100 Medical Office Building, Suite 190, Lawrenceville	30045

GYN Clinic			
Hands of Hope Clinic, Inc.	Henry	427 McGarity Road, Stockbridge, GA 30281	30281
Hebron Community Health Center (Hebron Baptist Church Health Clinic)	Gwinnett	195 South Chestnut Street, Lawrenceville, GA 30045	30045
McIntosh Trail Community Service Board	Henry	139 Henry Parkway, McDonough, GA 30253	30253
MUST Ministries	Cobb	55 Elizabeth Church Road, Marietta, GA 30061	30061
Oakhurst Medical Centers	DeKalb	1760 Candler Road, Decatur, GA 30032	30032
Oakhurst Medical Centers	DeKalb	770 Village Square Drive, Stone Mountain, GA 30083	30083
Palmetto Health Council	Fulton	507 Park Street, Palmetto, GA 30268	30268
Road to Recovery	Gwinnett	320 West Pike Street, Lawrenceville, GA 30045	30045
Road to Recovery	Cobb	815 Windy Hill Road, Smyrna, GA 30080	30080
Road to Recovery	Clayton	4561 Jonesboro Road, Forest Park, GA 30297	30297
Road to Recovery	DeKalb	3155 Presidential Drive, Atlanta, GA 30340	30340
Saint Joseph's Mercy Care Services	Fulton	420 Courtland Street, Atlanta, GA 30308	30308
Saint Joseph's Mercy Care Services	Fulton	1450 Ralph David Abernathy Blvd, SW, Atlanta, GA 30310	30310
Saint Joseph's Mercy Care Services	Fulton	424 Decatur Street, Atlanta, GA 30312	30312
Saint Joseph's Mercy Care Services	Fulton	165 Alexander Street, Atlanta, GA 30313	30313
Saint Joseph's Mercy Care Services	Fulton	579-B Burroughs Street, Atlanta, GA 30315	30315
Saint Joseph's Mercy Care Services	Fulton	975 Memorial Drive, Atlanta, GA 30316	30316
Saint Joseph's Mercy Care Services	Fulton	2453 Coronet Way, Atlanta, GA 30318	30318
Saint Joseph's Mercy Care Services	Fulton	655 Ethel Street, Atlanta, GA 30318	30318
Saint Joseph's Mercy Care Services	Fulton	275 Pryor Street, Atlanta, GA 30325	30325
Saint Joseph's Mercy Care Services	Fulton	1135 Jefferson Street, Atlanta, GA 30325	30325
Saint Joseph's Mercy Care Services	DeKalb	3367 Buford Highway, Atlanta, GA 30329	30329
Southside Medical Center	Fulton	2685 Metropolitan Parkway, Atlanta 30048	30048
Southside Medical Center	Gwinnett	5139 Jimmy Carter Blvd, Norcross 30093	30093
Southside Medical Center	Cobb	1680 Mulkey Road, Austell 30106	30106
Southside Medical Center	DeKalb	2578 Gresham Road, SE, Atlanta 30316	30316
Southside Medical Center	Fulton	1046 Ridge Avenue, SW, Atlanta 30315	30315
Southside Medical Center	Fulton	1039 Ridge Avenue, Atlanta 30315 (substance abuse only)	30315
Sweetwater Valley CAMP	Cobb	6289 Veterans Memorial Highway, Austell, GA 30168	30168
West End Medical Center	Cobb	397 Roosevelt Circle, Marietta, GA 30060	30060
West End Medical Center	Fulton	435 Joseph Lowery Boulevard, Atlanta, GA 30310	30310

West End Medical Center	Fulton	868 York Avenue, Atlanta, GA 30310	30310
West End Medical Center	Fulton	950 Wilkes Circle, NW, Atlanta, GA 30318	30318
West End Medical Center	Fulton	511 Johns Street, Atlanta, GA 30318	30318

### **Providers Identified but Not Surveyed or Interviewed**

Following is a list of providers who were identified but not interviewed or surveyed. Multiple attempts were made to have these providers complete the surveys either by email or by telephone. All three providers have a primary target population of Latinos. Clínica de la Mama provides obstetrics and gynecological services to Latina women, Clínica Union provides primary care and obstetrics and gynecological services, and The Emanuel Foundation provides primary care services.

<b>Provider Name</b>	<b>County</b>	<b>Location</b>	<b>ZIP Code</b>
Clayton County Community Service Board	Clayton	853 Battle Creek Road, Jonesboro, GA 30236	30236
Clayton County Community Service Board	Clayton	7146 Southlake Parkway, Morrow, GA 30260	30260
Clayton County Community Service Board	Clayton	217 Stockbridge Road, Jonesboro, GA 30236	30236
Clayton County Community Service Board	Clayton	6315 Garden Walk Blvd., Riverdale, GA 30274	30274
Clayton County Community Service Board	Clayton	1800 Slate Road, Conley, GA 30288	30288
Clínica de la Mama	Clayton	4140 Jonesboro Rd., Forrest Park, GA, 30297	30297
Clínica de la Mama	Cobb	1680 Mulkey Road , Suite E. Austell , GA 30106	30106
Clínica de la Mama	Cobb	578 Windy Hill Road, Smyrna, GA 30080	30080
Clínica de la Mama	DeKalb	4166 Buford Highway, Atlanta, GA 30329	30329
Clínica de la Mama	Fulton	936 Holcomb Bridge Road, Roswell, GA 30076	30076
Clínica de la Mama	Gwinnett	5127 Jimmy Carter Blvd, Norcross, GA 30093	30093
Clínica Union	Gwinnett	5720 Buford Highway, Norcross, GA 30071	30071
Clínica Union	Fulton	936 Holcomb Bridge Road, Roswell, GA 30076	30076
Clínica Union	DeKalb	3369 Buford Highway, Atlanta, GA 30329	30329
The Emanuel Foundation – Emmanuel Health Services	Gwinnett	6139 Oakbrook Parkway, Norcross 30093	30093

Good Samaritan Health Center of Cobb	Cobb	1605 Roberta Drive, Marietta, GA 30008	30008
Good Samaritan Health Center of Gwinnett	Gwinnett	3700 Club Dr., Lawrenceville, GA 30044	30044
GRN Community Service Board	Gwinnett	175 Gwinnett Dr., Lawrenceville, GA, 30046	30046

## APPENDIX D: FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS PAYER SOURCES

FQHC Name	Percent Uninsured	Percent Public Insurance	Percent Private Insurance
Georgia Highland Medical Services	62%	19%	19%
Oakhurst Medical Centers	44%	45%	11%
Palmetto Health Council	60%	32%	7%
Saint Joseph's Mercy Care Services	96%	4%	0% (.04)
Southside Medical Centers	47%	41%	11%
West End Medical Centers	19%	57%	25%

## **APPENDIX E: ADDITIONAL SPECIALIST SAFETY NET PROVIDERS**

**Center for Black Women's Wellness:** OB/GYN for pregnant or reproductive challenges, mental health

**DeKalb County Board of Health:** Pulmonology, Dermatologist, Ophthalmologist, Radiologist, Rheumatologists, Oral Surgeons, Neurosurgeons, Orthopedists, Cardiology, Nephrology, Urology, Infectious Disease, etc

**Fulton County Mental Health and Developmental Disabilities:** Riverwood (Children & Adolescent Mental Health services), Atlanta Medical Center (addictive diseases)

**Good Samaritan Health Center:** Mobile mammography

**MUST Ministries:** Private podiatrists. Make referrals to other private physicians and other free clinics

## APPENDIX F: SURVEY INSTRUMENT

### Assessment of Gaps in the Health care Safety Net Interview Form

Interview Date: _____			Location: _____			Time: _____		
Organization Name: _____						County: _____		
Organization Members Interviewed:								
Name: _____			(Title) _____			Phone: _____		
Name: _____			(Title) _____			Phone: _____		
GHPC Interviewers: Check <input type="checkbox"/> Glenn Landers <input type="checkbox"/> Bernette Sherman								

#### Demographics

1. What is the demographic you seek to serve? (Gender, age, ethnicity, economic, other)

\_\_\_\_\_

\_\_\_\_\_

2. What is your service area? \_\_\_\_\_

3. Is public transportation available? (circle Y or N)      Y / N **-Bus**      Y / N **-Rail**

.....

#### Payment

1. What is your payment policy? \_\_\_\_\_

\_\_\_\_\_

2. Do you require proof of income? Y / N

3. Do you require proof of residency? Y / N

4. Do you accept (circle all that apply):

Commercial, Medicaid, Medicare, PeachCare, Sliding Scale, No pay (Free), Other \_\_\_\_\_

5. If you accept other insurances and sliding scale-is there a certain number of sliding scale accounts you serve? \_\_\_\_\_

6. Do you provide free or reduced price prescription drugs? (circle yes or no)

Y / N **-Free**    Y / N **-Reduced**

7. What is your payment policy for prescription drugs? \_\_\_\_\_

\_\_\_\_\_

.....



**Services:**

1. What is the range of services your clinic provides?

Prim. Hthcare \_\_\_\_\_, Women's care \_\_\_\_\_, Pediatrics \_\_\_\_\_, Dental \_\_\_\_\_, Vision \_\_\_\_\_, MH \_\_\_\_\_, S/A \_\_\_\_\_

2. Do you have access to a referral network of specialists?

---

---

---

.....

**Capacity:**

1. How many patient visits did you provide primary care to in the last year? \_\_\_\_\_

2. What is the clinics monthly patient visit capacity for primary care?

---

3. How many people on staff?

a. FTE: Physicians \_\_\_\_\_, Nurse Practitioners/Physician Assistants \_\_\_\_\_, Nurses (RN/LPN) \_\_\_\_\_, Clinic/Medical Assistants \_\_\_\_\_, Other Med. Professionals \_\_\_\_\_, Front Office Staff \_\_\_\_\_, Other \_\_\_\_\_ - \_\_\_\_\_

4. Do you take appointments for regular visits or is service on a first come first serve basis?

Circle one or both: Appts / FCFS

a. If yes, what is the average wait time for a **regular office visit?** (i.e., How many days does a person have to wait to be seen?) \_\_\_\_\_

5. Do you take appointments for sick visits or is service on a first come first serve basis?

Circle one or both: Appts / FCFS

a. If yes, what is the average wait time for a **sick visit?** (i.e., How many days does a person have to wait to be seen?) \_\_\_\_\_

.....

**Needs:**

1. What is the greatest need your patients have?

---

2. What is the greatest need your clinic has?

---

3. If you could do one thing to improve care for the individuals you serve, what would it be?

---

---

**Partnerships**

1. What types of partnerships do you have with other community organizations? \_\_\_\_\_

---

---

---

2. What types of partnerships do you think would be beneficial to your organization and the people you serve?

---

---

---

**Data:**

Data organization has available: \_\_\_\_\_

---

Contact for data: \_\_\_\_\_

---

Data obtained? \_\_\_\_\_

Additional Comments:

---

---

---

---

---

---

---

Internal Use Only:

Recorded by: \_\_\_\_\_

Time Ended: \_\_\_\_\_

Interview Entered: Yes / No      Date Entered: \_\_\_\_\_ Entered by: \_\_\_\_\_

## APPENDIX G: REFERENCES/DATA SOURCES

<sup>1</sup> Lewin ME, Altman S, editors. *America's Health Care Safety Net: Intact but Endangered*. Summary. Washington, DC: National Academy Press; 2000.

<sup>2</sup> Custer, W. and Ketsche, P. *Sources of Health Insurance Coverage in Georgia 2004: Tabulations of the March 2005 Annual Social and Economic Supplement to the Current Population Survey*. Atlanta, GA: Georgia State University; 2005.

<sup>3</sup> Georgia Healthcare Coverage Project. *2004 Georgia Employer Benefits Survey*. Atlanta, GA: Georgia Health Policy Center; 2005.

<sup>4</sup> Rust, G. *Georgia's Health Safety Net: Access to Primary Care for Georgia's Uninsured and Underserved*. Atlanta, GA: National Center for Primary Care; 2003.

<sup>5</sup> Blewett, L. and Beebe, T. *State Efforts to Measure the Health Care Safety Net*. Washington, DC: Public Health Reports; March – April, 2004.

<sup>6</sup> Weinick, R. and Shin, P. *Monitoring the Health Care Safety Net: Developing Data-Driven Capabilities to Support Policy Making*. Rockville, MD: April, 2004.

<sup>7</sup> Weinick, R. and Shin, P. *Monitoring the Health Care Safety Net: Tools for Monitoring the Health Care Safety Net*. Rockville, MD: April, 2004.

<sup>8</sup> Davidson, P. et al. *A Framework for Evaluating Safety-Net and Other Community-Level Factors on Access for Low-Income Populations*. Rochester, NY: Inquiry; Spring, 2004.

<sup>9</sup> Source: U.S. Census – 2005 American Community Survey.

<sup>10</sup> Source: 2006 U.S. Census Current Population Survey (CPS) apportioned according to the Georgia Healthcare Coverage Project 2002 Household Survey.

<sup>11</sup> Source: U.S. Census Bureau, Small Area Estimates Branch, 12/2006

<sup>12</sup> Source: U.S. Census – 2005 American Community Survey.

<sup>13</sup> Source: U.S. Census – 2005 American Community Survey.

<sup>14</sup> Source: U.S. Census – 2005 American Community Survey.

<sup>15</sup> Source: U.S. Census – 2005 American Community Survey.

<sup>16</sup> Extrapolated from 2005 American Community Survey and Medicaid patient claim data from the 2005 Georgia Department of Community Health Annual Report.

<sup>17</sup> Source: All physician supply data are from 2004 Georgia Board for Physician Workforce.

<sup>18</sup> Source: All prenatal care statistics are from 2006 Georgia Division of Public Health, Office of Health Information and Policy.

<sup>19</sup> Source: 2006 Georgia Division of Public Health, Office of Health Information and Policy.

<sup>20</sup> Source: 2003 Georgia Hospital Association discharge data.

<sup>21</sup> Ibid.

---

<sup>22</sup> Source: HRSA Bureau of Health Professions. <http://bhpr.hrsa.gov/shortage/>. Retrieved from the World Wide Web March 27, 2006.

<sup>23</sup> Source: <http://www.hhs.gov/asl/testify/t970213b.html>. Retrieved from the World Wide Web April 19, 2006.

<sup>24</sup> Source: <http://bphc.hrsa.gov/databases/newmua/>. Retrieved from the World Wide Web March 27, 2007.

<sup>25</sup> Source: HRSA Bureau of Health Professions. <http://bhpr.hrsa.gov/shortage/>. Retrieved from the World Wide Web March 27, 2006..

<sup>26</sup> Patient pharmaceutical assistance program.